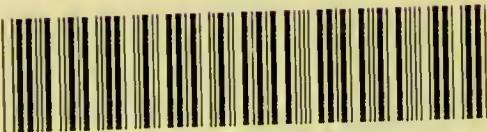


THE
Bladder and Prostate
AND
OBSCURE DISEASES OF THE
URINARY SYSTEM.

DAVID JONES, M.D.

SEVENTH EDITION.



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31 July 1894.

DISEASES
OF THE
Bladder and Prostate
AND OBSCURE AFFECTIONS OF THE
URINARY ORGANS
With Diagrams
ILLUSTRATING THE AUTHOR'S TREATMENT OF
STONE,
WITHOUT CUTTING,
AND NUMEROUS
CASES
OF SPEEDY AND PERMANENT CURE WITH THE
SPRAY TREATMENT
GIVEN UP AS CHRONIC AND "INCURABLE."

BY
DAVID JONES, M.D.

Senior Surgeon to the Hospital for Urinary Diseases, 10, Dean Street,
Soho, London.

SEVENTH EDITION.

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NOTICE.

To facilitate the treatment, and to accelerate the cure, of cases such as are described in these pages, and of other cases of a serious character, Dr. DAVID JONES will be happy, if requested to do so, to forward addresses of suitable private apartments where patients may be comfortably accommodated whilst under treatment.

Full particulars may be obtained on application to Dr. JONES, 15, Welbeck Street, Cavendish Square, W., at which place he may be consulted daily from 11 till 1, (*Tuesdays and Fridays by appointment only*).

To prevent disappointment and inconvenience, patients residing at a distance, and wishing to consult Dr. JONES, had better make an appointment before coming.

ERRATA.

- Page 93, line 1—*after* "another gentleman" *read* "(his son)."
- " 97 " 22—*for* "whiskey" *read* "whisky."
- " 99 " 3—*for* "two surgeons" *read* "three surgeons."
- " 129 " 15—*for* "1888" *read* "1892."
- " 133, last paragraph—*for* "Both the above aged patients," &c., *read*
 "One of the above aged patients is alive and well, in his
 89th year. The Rev. J. B. died of bronchitis some time
 ago, without any discomfort from his bladder."
- " 146, line 14)
- " 147 " 5) *for* "Humphrey" *read* "Humphry."
- " 148 " 3)
- " 150 " 7—*for* "Both aged patients," &c., *read* "One of the aged
 patients died from bronchitis at the age of 86; the other
 is living retired at Newbury, at the age of 88."
- " 160 In respect of Mr. LUDLOW's letter, his present address is to be
 noted: "No. 16, The Grove, Crouch End."
- " 170, line 17—*for* "suppression" *read* "retention."
- " 178 At end of case 34, it should be added that the patient died after-
 wards of bronchitis.
- " 192, line 9—*for* "1888" *read* "1892."
- " 196 " 24—*for* "1887" *read* "1892."
- " 198 " 31—*for* "eight" *read* "nearly ten."
- " 203 It should be added to Case No. 42: "The patient is still alive and
 well (1892), and has never failed each year to send the
 writer a box of grapes from his vineery. He is now in his
 80th year."
- " 229, line 2—*for* "1888" *read* "1892."
- " 233 " 9—*for* "1888" *read* "1892; and in the side note, *for* "five"
-
- " 46, " 18—*for* "five grains under an ounce" *read* "four ounces."
- " 63, " 34—*for* "Sir Spencer Wallace" *read* "Sir Spencer Wells."
- " 293. " 8—*for* "Ayliffe" *read* "Ayliff."
- " 336, " 13—*for* "Pisa" *read* "Paris."
- " 352, " 15—*for* "(48*)" *read* "(28*)."

PREFACE

THE author of a book is rightly held to incur a weighty responsibility. In formally claiming public attention, he should have something to say which may interest at least some section of readers, or from which they may derive advantage or profit. A book, in effect, is fairly enough expected to justify its own existence.

Author's
responsi-
bilities.

The present work, "On Diseases of the Bladder and Prostate," has evidently interested many, or it would not have grown in successive issues, both in circulation and contents, to a greatly enlarged and much demanded SEVENTH EDITION.

The present
work—
SEVENTH
EDITION.

The writer has, in fact, much to say and to point out to a by no means inconsiderable class, who are greatly in need of counsel and resource—sufferers from bladder or prostate disease or kindred affections, who in too many cases enduring the privation, exhaustion, and anguish which these maladies frequently entail, find small consolation in the traditional treatment of the Faculty.

Sufferers
from bladder
and kindred
diseases in
need of
counsel and
resource.

As a Specialist in bladder diseases, the writer years ago saw the helplessness of practitioners, however eminent, in serious cases of the kind, and the inutility of the means employed to meet them—indeed, it may be said generally the lack of any means worthy of the name.

Inutility of
the means
commonly
employed.

Bladder and prostate diseases, as they presented themselves in practice were, as they are still, largely set down as "chronic," "obscure," and "incurable."

Bladder
pathology
too much
neglected.

For want of knowledge of bladder pathology, a neglected department of medical pursuit, distressing symptoms are often aggravated by being referred to wrong causes, and in fact rendered chronic by mis-treatment; and enlarged prostate, among the most distressing of human maladies, is openly and authoritatively avowed as incurable.

Illustration
—a recent
case.

A recent case is aptly in point. A gentleman residing in the north of London, suffering apparently from incontinence of urine, manifested in involuntarily "wetting the bed," had been under treatment by his local doctor for some nine months, and getting no better, was taken by him to a titled physician of eminence. By this gentleman he was told that he had been treated as well as he could have been at his own hands, and that he was suffering from a weakness of old age. Tonics were prescribed and a urinal to wear at night, as before. Subsequently, when the patient consulted the writer, he was found to be suffering from stricture of the urethra. This having been cured, which was effected in a short time, the troublesome symptoms for which he had been unsuccessfully treated by the other doctors forthwith disappeared.

Operative
surgery has
made some
advance.

Operative surgery in bladder cases, it is true, as will be seen in the chapter on "Stone, its Treatment and Cure," has made some advances in the present century from the simple operation of Lithotomy (or cutting) to Lithotrity (the crushing operation) available in many cases, and more recently, "Litholapaxy" (crushing the stone, and removing the fragments at one operation), but always in the face of determined professional opposition. Litholapaxy is, in fact, fighting its way at the present moment, its author, Professor BIGELOW, who died a few months ago, not having lived to see it fully recognised. The writer has himself introduced some improvements on BIGELOW's method which are described in the same chapter. Older and less advantageous methods are, however, still pursued by old-fashioned practitioners who, having once learned their profession, do not

Litholapaxy
—Professor
Bigelow.

The writer's
improvements.

Older
methods still
pursued.

acknowledge the obligation of learning it any further. But even here, in operative surgery, subject to old methods as it is, a material element of success is commonly omitted. Preparatory treatment of the bladder in reduction of its inflammatory or otherwise unhealthy state, obviously increasing the chances of success, abridging the period of recovery, and favouring the permanent establishment of a healthy tone, is hardly regarded as worthy of serious consideration, and operations are performed with undue inconsiderateness, haste and risk. The neglect of preparatory measures is, however, largely due to the absence of direct means for the purpose as possessed by the writer, of which more will be said presently.

Preparatory
treatment
neglected.

The writer's
special
means.

But in the medical branch of the subject the Faculty are, for the most part, given up to embarrassment. Very often they do not recognise the suggestive symptoms of stone, and when they do, they not unseldom search without finding it, and declare it non-existent where it has been present in considerable size and sometimes in plurality of number for many years. The patient is often treated for everything conceivable except stone, and poignant sufferings are aggravated and extended over a series of years which by a simple operation might be ended at once. For other diseased conditions of the bladder, manifested under many known varieties, the Faculty have no serviceable remedy, and for such as they have, they are without means to reach the affected part. For purely local disease, or what is practically the same thing, for disease which necessitates local treatment, they have only indirect remedies, operating, if they operate at all, by means of the stomach. They physic, blister, and counter-irritate, but make no progress, for they are moving in the dark, knowing not whither. In the cases reported in subsequent pages. pathetic passages occur in this regard. One poor fellow after two years of this well intentioned, but cruel ineffectuality, subsequently cured by the writer, complains: "They physicked me dreadfully and blistered

The medical
branch—
embarrass-
ment of the
Faculty.

They have
no service-
able remedy.

Enlarged
prostate
regarded as
incurable.

me till I was so reduced as not to be able to put one foot before the other without great pain and difficulty. They said there was a fleshy substance growing in the bladder (utterly unwarrantable conclusion), and they decided that I should be blistered all over the back." (Case No. 29.) For enlargement of the prostate, of not infrequent occurrence and already described as among the most painful of human afflictions—in aggravated cases with burning, straining, forcing, at intervals of a few minutes, a sensation as of "passing molten lead," or of "red hot needles thrust through the neck of the bladder"—they confessedly have no remedy at all. According to them, the patient has but one resource—endurance; and the disease but one termination—death.

The writer's
efforts
towards
improved
treatment.

Years ago the writer was painfully struck with these failings, and accordingly set himself to the best of his energy and ability to the possibility of improvement. To attentive pathological study and observation, particularly as to the detection of stone, he sought to add remedies in bladder disease which, instead of being wasted on the disturbance of the general system, should go direct to the bladder itself, where alone they could give hope of efficacy. The eventual result was

THE SPRAY TREATMENT,

The Spray
treatment.

the mechanical operation of which is illustrated at page 53. By this means medicaments of his own selection, which he has not as yet disclosed, are conveyed immediately to the affected part. Employed tentatively at first, their success was speedily established, and as proved in this work by a multitude of well-authenticated cases, their efficacy is beyond doubt or cavil.

Enlarged
prostate
radically
cured by it.

Enlarged prostate, for example, authoritatively declared as "incurable by any known means," is shown by manifold and authenticated cases to be cured, not merely relieved or temporarily eased, but radically and permanently so as during a long life never to return. In cases of bladder disorder generally the Spray treatment, with medicaments varying according to the case

is likewise shown to be efficacious, for the simple reason that by direct application remedies are available which could not otherwise avail.

General efficacy in bladder cases.

But besides directness of curative agency, the Spray treatment subserves other important purposes, preparatory and diagnostic, as will be presently seen.

Preparatory and diagnostic.

If the writer had no more to say than this, it would be enough to justify a claim to public attention. But a good deal remains by way of necessary detail and elaboration which he will endeavour to indicate as briefly as bare outline will admit.

The reader will find, besides preliminary and instructive matter, intended to put him in relation with the general subject, a faithful record of cases often in the patient's own words, in a great part of which the Spray treatment figures as the means of cure, frequently in cases authoritatively pronounced incurable, and where all other known methods had been tried in vain.

Cases.

The Spray treatment, the reader will see again, helps to rectify errors in diagnosis frequently made in bladder cases by Homœopath and Allopath alike, and hence speedily to open the way to a successful cure which, until the true cause had been ascertained, could not be brought about at all. Stone in the bladder declared by others to have no existence is shown by its agency in the writer's hands to be unmistakably present, as illustrated in Cases Nos. 5, 9, 11, and 12 to 25 inclusive.

The Spray treatment opens the way to successful cure.

On the other hand, cases are not infrequent where practitioners of either or of both schools have diagnosed stone, but on sounding in the usual way are unable to find it. Having no other resource for discovering it, they are puzzled at the phenomenon of symptoms which seem contradicted by their one means of verification, and conclude they must be mistaken. Their diagnosis has, in fact, been correct, but the stone, whose existence they could not verify, is perhaps secreted in the walls of the bladder, or hidden in the mucus collected in the unhealthy organ where they cannot trace it. By means of the Spray treatment, bringing medicaments to play

Its use in the diagnosis and discovery of stone.

directly upon the parts to be reached, the impacted stone is dislodged, or the bladder cleared of collections of unhealthy products, and the calculus brought into touch. Examples are presented in Cases Nos. 7, 10, 16, 25, 28, and 28*.

Its success
in other
bladder
diseases.

Besides the distressing enlargement of the prostate, pronounced by the Faculty as incurable, bladder diseases dependent upon or associated with it are cured, for which until the writer's discovery, no plan of treatment save the mischievous use of the catheter afforded even temporary relief. True, there are cases of enlarged prostate that are beyond the writer's means of cure. He offers a curative agent, and not an infallible nostrum. But even here he is commonly enabled by the Spray treatment to arrest the growth of the enlarged gland, and to afford a measure of alleviation and comfort going to prolong life and render it tolerable and useful, where all other means are confessedly abortive. See Cases Nos. 29, 30, 31, 33, 34, 35, 37, 39, 40, 42, 45, 46, 73, and 78.

In "obscure"
cases.

Obscure cases, as they are called, of bladder disease not dependent on enlarged prostate, though sometimes complicated with it, cases arising from pathological conditions not within the grasp of the ordinary practitioner, where the trouble is frequently attributed to enlarged prostate, which may or may not be existent, or to tumour of the bladder, cancer, or other diseases that are not present at all, are curable often very speedily. These are cases demanding well developed pathological discernment and special experience, often fruitlessly treated by various practitioners for years with aggravation of symptoms, heavy suffering, and enormous expense, until, coming to the writer, they are cured, on an appreciation of their true nature and the application of the Spray treatment, generally in a few weeks, sometimes even days, so that the patients, after their previous years of futile and painful medical experience, declare the cure to be "wonderful" or "miraculous," and a former medical attendant perhaps is curious to know "how it was brought about." See Cases 35, 43, 44,

47, 48, 49, 50, 57, 59, 63, 64, 65, 66, 67, 68, 70, 71, and 72.

Paralysis of the bladder, said to be due to spinal disease, held as incurable both by Allopath and Homœopath alike, yield often as if by charm to the Spray treatment, as exemplified in Cases 36, 38, 51, 57, 58, and 59.

In paralysis of the bladder.

The weakness manifested in involuntarily wetting the bed, in either sex, is usually found, after a certain age, to be among the most difficult of all cases to cure. Yet, by means of the Spray treatment, the writer has satisfaction in declaring, he has been enabled to cure in both sexes every case submitted to him. Cases 52 to 57 are reported in point,

"Wetting the bed."

Stricture of the Urethra: The bladder trouble or prostatic enlargement often in complication with stricture, yield to the Spray treatment as in other cases. The stricture itself, often presented to the writer in apparently incurable forms, after relief has been vainly sought at the hands of eminent specialists as well as at special and general hospitals, usually succumbs under the writer's care either to electrolysis or especially to a painless method of "unusual dilatation." Explanatory remarks on the treatment of this frequently intractable form of disease will be found in a note on Case No. 74, page 310; also at page 301, and at page 319, and some remarkable cases (Nos. 73 to 77), are described where fully successful cures were rapidly effected, sometimes after years of ineffectual treatment elsewhere.

In bladder trouble or prostatic enlargement complicated with stricture.

Bladder symptoms attendant on uterine disease, tumours and kindred causes, find in the Spray treatment a valuable auxiliary in the reduction of the urinary trouble. This class of cases, it may be noted here, constitute a conspicuous part of the writer's successful practice; but only a few are mentioned in this series. See cases 57, 62 and 67.

In bladder symptoms attendant on uterine disease, etc.

Bladder diseases in complication with uterine trouble, often involving sterility, for the most part yield easily to the Spray treatment. The uterine trouble, of course, demands special treatment adapted to the exigencies of

the case. This, and the previous class of cases, often mistreated through erroneous diagnosis for years by general practitioners, hospital experts, and specialists, are frequently cured by the writer very speedily on a true appreciation of the cause. (See cases 60, 61 and 70.)

In urinary trouble complicated with tumour of the bladder, etc.

Urinary trouble, again, of an unusual kind, complicated with tumour of the bladder, spermatorrhœa, or gonorrhœal prostatitis, is shown to be curable by the Spray treatment, though apparently of hopeless character, and the patients in a depressed and even dying state.

Universality of the Spray treatment.

Lastly, the universality of the Spray treatment in bladder disease is manifested by its applicability to the brute creation. A valuable cob, suffering from what veterinary surgeons regarded as incurable bladder disease, and accordingly condemned to be destroyed, was saved by the writer through its instrumentality, and restored to sound working condition. The case will be found recorded towards the end of the book.

Such, in brief outline, is a simple indication of the matter presented to the reader's notice. The perusal of an intelligible index, including a short summary of each case recorded, will lend further assistance; and authentication, direct or indirect, of the facts of every case is afforded in the Appendix.

It remains to add that the language employed throughout is as free as possible from technicality, and plain to the understanding of all.

REMARKS ON TREATMENT.

IS PROSTATIC ENLARGEMENT CURABLE?

It is of urgent importance to know. Among the most distressing of maladies, it is computed that one-third of the male population are at one time or other afflicted with it. The Profession at large, borne out by authority, declare that in its chronic form it is incurable; and Sir EVERARD HOME, ASTLEY COOPER, SIR BENJAMIN BRODIE, and their contemporaries on the Continent, with recent authorities throughout the world, alike pronounce for the incurability of enlarged prostate. When, therefore, the fact of the disease is established, they exhaust attempted palliatives and abandon the case. You must bear your sufferings with resignation," they say, pronouncing what they regard as the inevitable, "as others have done."

The Faculty are not fortunate with bladder diseases. Their mistakes and mistreatment in many of the within-reported cases (Part V.) are a too painful disclosure. In chronic enlargement of the prostate, they pretend to nothing. But the malady is hard to bear. The calls of nature, to others followed with relief and satisfaction, are for the prostatic patient an unspeakable misery, forcing, burning, straining, day and night, no sleep save by snatches, rendering life a burden, and often with incessant pain, going to undermine and destroy it. Time, moreover, which with prudence may now and then work out the ease which the physician fails to give, brings for him but aggravated suffering. The despair of an "incurable" prostatic patient is easy to conceive.

But is chronic prostatic enlargement incurable? While medical authority declares that it is, a reference to the writer's published cases will show that it is not. Cases 30, 31, 33, and 73 in Part V. of this work, for example, all of long-standing prostatic enlargement, were cured in a few weeks, and the recovered patients still continue well. In more recent developments of the disease, again, as in Cases 45, 49, 50, cure was effected with a few administrations of the "Spray," and the patients are well also to this day. Yet, it may be instinctively felt, the authorities of the medical world must, nevertheless, be respected. If facts were to be determined by authority, the author of "Diseases of the Bladder and Prostate," of which the Seventh Edition is now presented, might fairly claim a voice. What he has accomplished in this speciality of surgery is neither unknown nor without weight. Medical authority, moreover, is only too apt to be wrong. "Ovariectomy," not long since condemned as unjustifiable, is now regarded as among the most successful operations in surgical procedure. That HARVEY was regarded by the medical profession as a visionary or an impostor is familiar, honoured as his name is now. Discoveries and improvements of more or less moment are not infrequent. Is it altogether incredible that the writer of this work, with the devotion of a life to the speciality of bladder diseases, should ascertain the means of successfully treating diseased prostate?

Facts that can be ascertained are to be judged by evidence. That the Faculty cannot cure this painful malady is admitted. That Dr. DAVID JONES can cure it hardly needs his assertion; the testimony proclaims it. He does not pretend to cure in every case, but the cases are not many where he fails at least to alleviate. Nor are the cures of isolated cases merely; they are comparatively innumerable, and, speaking generally, the cure is rather as of course, and as to time within easy reach. Cases of long standing, abandoned by eminent surgeons, are, as the following pages illustrate, mostly cured in a few weeks, and the cure, moreover, is usually permanent.

Why the success, as contrasted with the avowed incapacity of others? The answer is: The method of treatment. The healing art, whether or not it may have eventual finality, is not mature. Developed as it happily is in many of its departments, the student knows that it is in its infancy. Dr. DAVID JONES' treatment is new, and it is distinctive from the general method in being applicable directly to the suffering part, instead of reaching it, or failing to reach it, by the agency of the digestive organs. Dr. DAVID JONES actually reaches the diseased prostate, and directly treats it.

STONE IN THE BLADDER.

The presence of Stone may, of course be ascertained, and its removal effected, by others. They often fail, however, because they do not always know if it is present, and, therefore, wrongly refer urgent symptoms to some other cause; because they have not the means that Dr. DAVID JONES has devised for its detection in obscure cases; and because, if its presence is certainly recognised, they have not the same experience and aptitude of manipulation, nor use the same preparatory measures before attempting removal.

Very often practitioners assure the patient he has "no stone;" and after vainly, perhaps mischievously, treating him for they manifestly know not what, at length give him up as hopeless, till he applies to Dr. JONES with the naïve avowal, "They could do no more for me there; so, as a last resource, I have come to you." Better have made it the first resource. Why not? The failing surgeon, who, for reasons of his own, does not like Dr. JONES, may have cautioned the patient, above all things, not to go to him.

When the caution is despairingly disregarded, then it is too often ascertained that stone, not before discovered or suspected, is actually present, embedded, perhaps, in the mucous membrane or folds of the bladder, where the practitioner had failed to find it, but whence it is now dislodged by Dr. JONES's Spray treatment, and successfully removed after the bladder is cleared, and the irritability of the organ appeased by the same agency.

In one notable case, for example, to be found recorded in the Case reports (No. 25), a young lady, suffering from infancy to the age of thirty-three from incontinence of urine, was treated by eminent physicians and surgeons, wherever they could be found, for what they all regarded as paralysis of the bladder. It was reserved for Dr. DAVID JONES, when at length appealed to, to discover the true cause,—a stone filling the whole cavity,—and, accordingly, to relieve the patient by removing it. The case is one of many of the kind. (See Nos. 2, 5, 8, 9, 10, 11, 12, 13, 16, 17, 18, 19, 20, 22, 23, 24.) On the other hand, as will be seen, practitioners occasionally pronounce for stone where there is none, and hence involve the patient in needless, and perhaps disastrous, complications. They do not always really know, but must not be without a pronounced opinion.

Again, many cling to old-fashioned ways of removal, with routine treatment after the beaten track, rather than, with intelligent discernment of differences, adopt the newer and better, which Dr. DAVID JONES has appreciated and improved for himself.

The life of the late Rev. T. HEATHCOTE (Case No. 23) was apparently sacrificed to such inappreciativeness. Though stone was not suspected till the writer was consulted, yet the patient preferred his old friend, Sir —, to operate after the old method. Cases 16 and 17 also illustrate the mischief of old-fashioned routine.

As contrasted with the summary procedure in common practice, the patient is by Dr. JONES's Spray treatment brought into the most favourable condition for the removal; and so efficacious is it for the purpose that he is apt to think himself cured without the needful operation. Such a condition obviously is largely in his favour, both for a successful issue and a speedy and permanent recovery.

The truth, furthermore, is plain, that in a matter of so much delicacy and difficulty as the diagnosis, treatment, and removal of stone, the knowledge cannot be too intimate, the experience too wide, nor the tact in manipulation too

refined. In a high degree these qualities are for the purpose confined to few ; and a perusal of the cases in point in these pages show, if they show anything, that in the author of the present work they are peculiarly manifested. As in other diseases of the bladder and associated organs, he proceeds, moreover, by methods of his own, developed by a special experience of thirty years.

The exposition of special methods is for the public of little consequence. The question for the sufferer is whether he will submit himself to old and less developed ways, inferior aptitude and discrimination, and less favourable appliances, with minor chances of a successful result, or whether he will avail himself of the more cultured tact and skill developed by special study and prolonged experience, based, as they are, upon high scientific attainments, with appliances perfected by the suggestions of unexpected difficulty, which Dr. DAVID JONES offers. His success in practice, it is to be noted, significant when taken by itself, is conspicuously established, as the reader will see, on the confessed failures of others, —eminent specialists though they often are.

SPECIAL DISEASES OF WOMEN.

The wrong diagnosis and mistreatment of uterine and bladder diseases on the part of local practitioners and hospital surgeons, often of authority and eminence, are signally illustrated in subsequent pages. In this class of cases, more particularly, the resources of the Profession seem most to break down. Those presented here are for the most part a painful recital of professional blundering—a dismal record of wrong treatment and needless suffering, due to an utter want of appreciation of the actualities of the position. At one time it is uterine misplacement overlooked and mistaken for tumour; at another, bladder disorder mistaken for womb disease; or, again, bladder disease wholly misunderstood, stone mistaken for womb disease, or bladder inflammation vaguely set down, for lack of a solid reason, to “a break-up of

nature." Such cases as these, attended with great expenditure of means, overwhelming family anxiety, and years of pitiful suffering, after being referred to Dr. DAVID JONES have been cured, as will be seen by the reports themselves, by a true appreciation of the cause and the application of improved and special means of treatment, generally in a few weeks. It is no infrequent remark, after months and often years of hope deferred and eventual heart-sickness and despair, "How much suffering and time, as well as means, I might have saved had I known of you at first!" Many had gone on sinking and suffering without alleviation or cure, ignoring advertisements of Dr. JONES's books in the newspapers, but for the accident of recommendation by others who had passed through similar experiences and retained vivid recollections of what they owed to Dr DAVID JONES's treatment.

The cases recorded are significant enough. The reader has but to note the utter failures of the local doctors, hospital notabilities, and eminent specialists to comprehend them, their years of fruitless and sometimes aggravating treatment, and their eventual confusion and abandonment, and to mark the restoration that has quickly followed when the case has been adequately grasped by Dr. DAVID JONES and treated with improved means. It is not, perhaps, that these practitioners and specialists are incompetent. They are doubtless good enough with plain sailing and in routine practice. May be, they are prepared on occasion to go somewhat off the track. But an unusual, complex, or somewhat veiled phenomenon in pathology, demanding mental application and real experience to fathom, seems to baffle them. Women, of greater delicacy and more susceptible than men, and subject to more complexity of disorder, are under an unhappy disability in having their peculiar diseases less studied and understood. (For illustrative cases see Nos. 13, 25, 57, 58, 59, 60, 61, 62, 64, 65, 66, 67, 68, 70, 71, 72.)

THE SPRAY TREATMENT.

The Spray may be shortly explained as a method devised by Dr. DAVID JONES for reaching the interior of the bladder itself, whither the medicaments required are directly conveyed for the purpose, and showered upon the parts affected. It makes an important figure in many of the cases reported; and its complete success, where the circumlocutory means employed by others have miserably failed, is to be noted as a prominent feature in the treatment. After years of suffering from bladder diseases often obscure, and pronounced by eminent authorities as hopeless and incurable, the patients cured by its agency in a few weeks are wont to describe the result, uncredited until realised, as "wonderful" and "miraculous." The explanation, of course, is that means really efficacious have been employed in contrast with others of no efficacy at all. (See Cases 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 46, 63, 64, 65, 66, 67, 70, 71, 72, 73, 76, 78.)

EARLY TREATMENT.

Sufferers who on reflection feel that their symptoms are such as to need professional attention are strongly advised to apply without delay. It is unfortunate that, in bladder and urinary diseases, more particularly in the case of women, there is a reluctance to acknowledge the existence of disorder until the symptoms become too urgent for concealment. The English perhaps more than any other people, labour under a delicacy almost morbid in this respect. The bladder and urinary organs, unlike other essential parts of the human system, are apt to be regarded as if they were not. But Nature in her physical aspect pays no heed to an extreme delicacy of sentiment. The disease, which might have been easily arrested in its earlier stages, steadily develops, with needless increase of suffering, and as time goes on with a heavier day of medical or surgical reckoning to face. Added to delicacy as a motive for postponement is the fact that the earlier stages of urinary disease, though usually troublesome

and inconvenient, are yet often bearable, and a capacity of endurance even is set up which is born of habit. Hence disease, which in the milder and earlier forms might readily yield to treatment, is allowed to pass to the chronic stage, when it will certainly be serious, occupy much attention to treat, and often involve time, not to say expense, in the process of cure, with at last, perhaps, organs permanently weakened, more or less, by the unnatural strain they have undergone. Sufferers, therefore, who perceive the need of treatment cannot apply for it too soon. Frequently, at the outset of disease, a few Sprays, sometimes a single one, will arrest its progress, and promptly restore the organs to perfect health, to the avoidance of years of suffering that might otherwise have been incurred. By way of illustration of the efficacy of the Spray treatment with one or two applications, even in cases of some standing, the reader is referred to Cases 47, 48, 49, 50.

THE WRITER'S RELATIONS WITH THE PUBLIC.

PREVIOUS PREFACES.

IN successive issues of this book, which now appears in its SEVENTH EDITION, the writer has taken occasion, from time to time, to explain his relations with the suffering portion of the public, and to set himself right against various attacks by interested critics among the Medical Profession. Much of this may be thought to belong to the past history of his career rather than to the circumstances of the moment ; but he nevertheless feels it necessary, for the information of those who may be making acquaintance with these pages for the first time, to reproduce substantially what has been written in the Prefaces to some previous editions, that no one may be unacquainted with his motives, intentions, and claims.

(From the Preface to the Fifth Edition.)

The Fifth Edition, though a considerable enlargement of former issues, was not presented as, by any means, an exhaustive treatise upon the subjects to which it related.

The writer's chief object, as there explained, was to present some typical cases illustrative of his method of treatment of stone, of diseases of the bladder generally, and of the prostate gland, and so to describe the symptoms of each case, that sufferers, recognising therein symptoms similar to their own, may be sustained in their hope of cure, notwithstanding other and previously applied means or methods may have hitherto disappointed that hope—and the writer believes that as auxiliary to this, the in-

Chief object
of the book,
to present
typical cases
for the
comfort of
sufferers.

The general information in first four parts very useful.

formation given in the first four parts of the book will be found *very useful to lay readers*, and, possibly, to some members of the Profession also. Indeed, the information embodied in these parts elucidates the general subject, and, to some extent, the writer's method of treatment likewise.

Public ignorance productive of much avoidable suffering.

Experience, in the active pursuit of his profession, for nearly thirty years, has convinced the writer that popular ignorance is productive of much avoidable suffering, and that the public ought, so far as may be possible, to be furnished with information respecting the diseases in question—diseases so distressing and so common. Moreover, the public are the patients, and, consequently, the persons most concerned in the matter, and the press is the chief medium by which they can be reached.

The orthodox view, that the public must not read medical books, is not tenable.

The "orthodox" view may be, that books on medical subjects are to be read only by medical men, or by those who are intending to become such—though everybody knows that it has now become a "rage" to acquire knowledge, and to read and study medical works as well as philosophical writings generally. At all events, medical works when *published* are just as accessible to the public as is this present work, and the authors of them, even such eminent ones as SIR JAMES PAGET and SIR HENRY THOMPSON, would, probably, not be very greatly displeased if the demand for their works were such as to create very frequent necessity for further editions—the public becoming purchasers of their books as well as their patients. In noticing the recent edition of a work by the last-named author, the "Lancet" (July 8th, 1882—p. 12) says:—"The author has made a new departure in the form in which this edition is published. Following a course which has been recently pursued in works of general literature, he has issued it at less than a fourth of its former price." Doubtless the author's motive was a very commendable one, viz., to bring the edition in question within reach of even poor students; still, as a matter of fact, the work is, as a published book, thus brought within reach of the general public also

Illustrations.

—and who shall say that SIR ERASMUS WILSON's published works on Diseases of the Skin, including his "Popular" Treatises, have not brought both himself and his knowledge and skill as a specialist in dermatology, under the notice of the public, as well as of the medical profession, and thus, if only indirectly, contributed to his professional success? Many other, and similar instances might be mentioned. "New Methods" and "New Discoveries" are, in fact, mentioned and advertised in medical and other journals every day. The writer has, however, special reasons for preparing and publishing an explanatory book in the present form. One reason has been already alluded to, and has reference to patients themselves—and if thus communicating with the public needs justification, such justification is found in the fact (provable by unquestionable testimony) that, in numerous instances, the really incurable condition of some patients, eventually resorting to the writer, has been traceable to the delay caused by the persuasions brought to bear upon them not to consult him—a circumstance sufficient in itself to force any man, possessing any degree of manly courage, paternal affection, and humane feeling, to the resolve not to allow any skill with which he may be gifted to remain unused or crushed beneath the heel of a professional despotism. Other reasons concern both the writer's method of treatment, and the question of divulgence of that method. These will now be more particularly referred to.

Communication with the public justified.

Patients, to their own injury, have been dissuaded from applying to the Writer.

The writer claims for his treatment of Stone, and other Diseases of the Bladder and associated organs, the application of a NEW Method, and even without the fate of an eminent professor confronting him, he would have avoided any premature disclosure of it, and the risk of its being experimented with by unpractised hands, and before even the writer himself shall have demonstrated its applicability to *all* the various forms and phases (so to speak) of the diseases in question. Professor CLAY, of Birmingham, a surgeon of acknowledged repute, some time ago published in the medical journals a Discovery for the Cure of

He has also a new method of treatment to illustrate.

Does not disclose it.

Reason.

Illustration
—Professor
Clay's dis-
covery for
the cure of
cancer.

The Profes-
sor had done
better to
keep the se-
cret awhile.

Though he
might have
been cen-
sured.

Cancer by Chian Turpentine. Cases which he had cured were published* and they were both remarkable and interesting. They were undoubtedly genuine, and, in Professor CLAY's hands, had been, as undoubtedly, successfully cured. The soothing, narcotic, and curative effects of the therapeutical agent discovered were shewn with such force as to attract the surprised attention of the whole profession. The history of the cases—the gradual return to health of the patients—the ocular demonstration of healthy granulations in place of magignant growths—all led to the revealed discovery being put to the test of a general application by general practitioners and others—the result being, however, most unfavourable—Professor CLAY himself (a man of undoubted skill in medicine and surgery, and of unimpeachable character) having to share in the obloquy heaped on his discovery, all which would, probably, have been avoided if the Professor had kept secret both his discovery and his method of applying it for a little while longer, and until more experience, covering a more extended area of observation, in treatment of cases, had guided him in his conclusions. Such a course might have treasured up indisputable proof that Chian Turpentine is a therapeutic agent of great value, and have afforded such full and precise specification of the *modus operandi* to be employed, as could scarcely have been unsuccessful, even in comparatively unskilful hands, thus contributing to results equally honoring to the discoverer and beneficial to the public. Possibly, the Professor might, meanwhile, have been severely censured for keeping his discovery secret, though intending to keep it so only for a time, and perhaps denounced as acting “unprofessionally.” Events might, however, have justified his patient endurance, and ensured real success to all concerned.†

* See “Lancet,” March 27th, 1880—p. 477, “On the Treatment of Cancer of the Female Generative Organs by a New Method.”

† It may be added that, notwithstanding the unfavorable result above alluded to, Professor CLAY has himself publicly re-affirmed his own conviction of the therapeutic value of his discovery. He says:—“I have nothing to withdraw or to qualify as regards the

These remarks will not, of course, be understood as implying, on the part of the writer, any opinion, either favorable or unfavorable, respecting Professor CLAY's Discovery, but only as indicating his belief that the unfavorable results which followed the divulgence of it may have been owing chiefly to the circumstance that it was prematurely placed within the reach of unpractised, unskilful, and, it may be, jealous hands.

The foregoing observations indicate, however, pretty clearly the reasons which influence the writer in his resolve to decline, for the present, fully to reveal his method of treatment of stone and other diseases of the bladder (male or female) and of the prostate gland, as respects both the medicaments used, and the surgical appliances adopted. Not that any present reticence on his part implies any lack of confidence in the soundness of the principles on which his treatment is based. That treatment has been remarkably successful now for many years, and, in numerous instances, where the cases coming under his observation had been pronounced "hopelessly incurable" by some of the most eminent specialists of the day. His success has, naturally enough, excited some attention, and a desire for full and precise information as to the *modus operandi* employed, and so long as such information is withheld, the writer will, no doubt, expose himself to the taunt—"You are practising a secret, and that is unprofessional,"—less unprofessional, however, and less censurable too, the writer ventures to think, than to *profess* to give publicity to a new discovery, and secretly to practice the essential principle of it notwithstanding, as some have done. Alluding to the writer's present reticence, an eminent surgeon, and late President of the Royal College of Surgeons, writing from the Continent, says:—"I have received your publication—you do not disclose your discovery, you do not tell us anything. The Profession will not meet you unless you explain your mode of treatment."

The Writer's reticence due to no lack of confidence.

His treatment remarkably successful for many years—in many cases pronounced "hopelessly incurable" by eminent specialists.

statements I made (as the result of observation) as to the effects of Chian Turpentine in uterine cancer." See "Lancet," December 17th, 1881—p. 1033, "On the use of Chian Turpentine in Cancer."

More thought and study needed for development of the Writer's method before disclosure to the Profession.

Well, notwithstanding long and patient thought and attention to the study of the subject, notwithstanding also a very extensive and successful application in actual practice, of the results of that study, the writer feels that still further experience is necessary, or at least desirable, before pronouncing the practical appliances invented and used as absolutely perfect, or determining that the method of treatment employed is absolutely suitable to *every* class of disease of the bladder and prostate, which it ought to be before the *modus operandi* shall be presented and explained to the general body of medical practitioners.

All medical practitioners again, have not the same skilled touch and dexterity of manipulation.

In further support of this cautious procedure the writer has, he thinks, only to remind the more skilful in the profession that all medical practitioners have not the "*tactus eruditus*" which some have, and that the dexterity of manipulation *acquired* by one, by long experience, and careful, skilful practice, cannot be *imparted* to others. The writer, moreover, firmly believes that very little, comparatively, is known by medical practitioners in general respecting diseases of the bladder and prostate; and that few, very few, of them, have made those diseases their special study. Specialists who have done so know full well that lamentable ignorance respecting those diseases prevails among such practitioners. They know, too, that one man handles a catheter or "cuts" for stone far better than another, and when the extreme sensitiveness of patients who suffer from bladder diseases is considered it will be obvious that the greatest possible delicacy is requisite in dealing with such cases, and that any clumsiness or roughness would be positively dangerous. Not long since a patient in the neighbourhood of the writer's residence, died from the effects of rupture of the urethra behind a stricture; another was ruined for life by a clumsy practitioner endeavouring to "*force*" a catheter into the bladder. Surgical literature furnishes abundant proof bearing on this point.* The truth is that

And very little is known by practitioners of bladder and prostate diseases.

One man handles a catheter or "cuts" for stone far better than another.

Patients may die or be ruined for life by surgical force and clumsiness.

* Notwithstanding the opinions expressed in medical journals adverse to special hospitals, the writer feels confident that such institutions furnish the best means by which perfection may be attained in any one particular branch of medicine or surgery.

physical force will not do in cases where the bladder has to be dealt with. To proceed with any reasonable hope of success, both the bladder and urethra must be treated as one would treat a troublesome lock—gentleness may succeed, force is sure to fail. In most cases *force* is rough, unscientific, uncertain, and dangerous. A young woman once came under the writer's care who, treated by the physical force method, had been literally lacerated from the external meatus to the vesical sphincter, in other words, from the entrance of the urethra to the neck of the bladder. She had extensive cystitis (inflammation of the bladder), had quite lost the power of retaining her urine, and was, indeed, as pitiable an object as could well be conceived. The writer could mention, or refer to, several other cases of a similarly deplorable character. One other only may, however, be alluded to, and that is the case of the wife of a physician (holding an important position in connection with medical journalism) whose case was by him committed to the care of the writer, who, from the first, pronounced it really incurable, and solely in consequence of the "forcible and rapid dilatation" previously applied in the treatment of the case—a conclusion in which the husband (the physician alluded to) fully concurred. The writer does not hesitate to say that this barbarous treatment—"forcible and rapid dilatation" of the female urethra—has rendered many cases incurable by any mode of treatment. Two cases, one from Leeds, another from Newbury, which came under his notice were rendered incurable and miserable for life by the above method of treatment. He remarked to both patients that he could cure disease, but not the effects of bad surgery, and be it remembered the two cases alluded to were not lacerated as in the *former* cases, but forcibly and rapidly dilated. These considerations, with others which might be urged, shew the importance of committing the power to operate, in these cases, only to persons who have made such diseases their *special* study, and whose skill and experience qualify them for the work.

Skilled
gentleness
essential.

Illustrations.

Barbarous
treatment
renders
many cases
incurable.

Hence the Writer declines full explanation of his method at present.

Yet he has friendly relations with the Profession — the confidence of many.

The Writer misrepresented through jealousy.

False and absurd allegations.

The Writer's medical education and degrees at home and abroad.

On these grounds, therefore, the writer declines for the present, fully to explain the *modus operandi* of his treatment of diseases of the bladder and prostate. Both his reasons, and his mode of giving effect to them, may, possibly, meet with disapproval at the hands of his professional brethren—yes, “professional brethren,” for, whether acknowledged or repudiated, a professional relationship does, in fact, exist between him and the other members of the medical profession. He possesses the friendship of many, and has, he believes, not one *personal* enemy among them—nay, more, he has their confidence. He has treated the wives and families of several medical men, and has successfully performed operations for stone and other diseases on medical men *themselves*, both allopathic and homœopathic. Any *animus*, if it exist, is, he is persuaded, purely professional, and attributable to that jealousy, which, unfortunately, obtains, not in the profession of medicine alone, but in other professions also, especially manifesting itself where one man's superior skill happens to be applied with signal success where another man's skill of lower degree, has failed.* Still, to represent the writer as a “quack” and “a man who possesses no medical or surgical qualification whatever” is simply absurd, and *absolutely false*—although even then there are patients, in large numbers, who would willingly say of him:—“Whether he be a quack or no, we know not, one thing we know, and that is, that whereas we were once diseased, and by others pronounced ‘incurable,’ Dr. JONES has cured us.” The Medical Profession, know, however, full well, that the writer is not an untaught, untrained pretender to medical and surgical knowledge and skill, but that, on the contrary, he has had an education far more extensive, and complete, both at home and abroad, than is ordinarily required as qualifying for the practice of medicine and surgery. This is

* Not that the writer is narrowly opposed to the well intentioned exercise of any skill that may be possessed by others, or even to the well intentioned application of either allopathic or homœopathic views—as is evidenced by his willingness to allow the Home Hospital which he has founded in Dean Street, Soho, to be used, as it now is, by two practitioners entertaining those different views.

evidenced by his possession of the following diplomas, obtained after examinations searching and severe, viz. : ---

1. Royal College of Surgeons*
(London) 20th August, 1847.
2. Royal College of Physicians
(London) 17th July, 1865.
3. University of Heidelberg }
Degree of M.D. (*Summa* } 25th March, 1865.
cum laude)† }

Dr. JONES also passed his examination }
for the Degree of M.D. in the } in April, 1865.
University of St. Andrew's ... }

The public, too, know that a duly obtained diploma, whether registered or not, is, by the law, deemed a sufficient proof of the right and power of its possessor to practice medicine and surgery. An eminent judge, in a case which not long since came before him, stated that many such unregistered medical practitioners were among his own personal friends—and if, in the face of these facts, misrepresentation against the writer, shall be further indulged in, the public will know how to appreciate it, and what to attribute it to. The writer feels, moreover, that, under these circumstances, he is fully justified in applying any skill he may possess, in the treatment of the diseases which are the subject of the present work, both for the benefit of himself and family and for that of the public. The profession of medicine is, no doubt, a humane profession, and its members are deservedly credited with humanity, and benevolence too, in their pursuit of it, and of this credit the writer can honestly claim his share, for he has gratuitously treated and cured numberless cases coming under his care—indeed, two Free Beds have been appropriated by him, and often filled, in the “Home Hospital” already referred

Legal value
of diplomas.

Medicine a
humane pro-
fession.

The Home
Hospital—
free beds.

* For this diploma Dr. JONES passed his examination in the name of David Griffiths Jones—the name Griffiths (a family name) having then been *adopted* (by usage from his childhood) and continued for some years in addition to his proper baptismal name David.

† The first *summa cum laude* Degree (a Degree of the highest possible praise) ever conferred by that University upon a foreigner (an Englishman).

Medical
men's toil.

Few realise
large or even
remunerative
incomes.

Not bound
to give up for
others the
offspring of
their brains.

to. Nor would he for one moment wish that such philanthropy should be either disallowed or discouraged. But a theory may foster a monopoly, and in the face of many theoretic usages, inimical as well to the progress of the science of medicine itself as to the interests of individual members of the profession, every day practice declares, and very emphatically too, that medical men, like other men, do, in fact, labour to support themselves and those dependent upon their exertions. As in other professions, so in the medical, and chiefly through the working of monopoly-tending theories and usages, few only realize large, or even remunerative incomes. The majority, incessant in toil, and strangers to domestic comfort, can seldom retire from their work to spend, in quiet, any "remaining days" of life—on the contrary, they more usually work like slaves, die like cab-horses, and leave their families dependent upon the kindness, it may be the charity, of others. This would not happen to any such extent as it even does, if the principle that "the labourer is worthy of his hire" were allowed a plain, common-sense, truthful recognition, and a free, full application, in the Medical Profession, as in other spheres of human thought, skill, and industry, and if medical men were not, by falsely-grounded "professional" usages *supposed* self-sacrificingly to *give* for the benefit of "suffering humanity" the special services of their brain and of their hands. The writer cares not, however, to urge these latter considerations in vindication of his resolve not yet fully to publish and explain his method of treatment, as illustrated and justified by the cases recorded in this book. He is content to base that resolve on other grounds—especially on the conviction that still further experience is desirable, and which experience must come from or through those who, deriving useful information herefrom, may resort to him for treatment.

When this is ensured, and the writer has proven, to still further completeness, the applicability of his method of treatment to *all* classes of disease of the bladder and

prostate, and when professional *animus* shall have ceased to display itself, the writer will then be prepared fully to disclose his discovery, and his method of treatment of the diseases described in this present work—a method which has already been signally successful where other, and more ordinary methods have as signally failed.

The Writer will, however, disclose his discovery at a fitting time.

It only remains to add, with respect to the cases recorded in this present edition (specimens only of a very large number of similar cases), that no one can reasonably claim the right to question their genuineness, who shall not have previously sought verification of them. Such verification is readily accessible to all enquirers. In the Appendix the full names and addresses of many of the patients are (by permission) set forth, and in almost every other case the writer is at liberty to furnish the name and address, and he will willingly do so on application being made to him for the same.

Genuineness of cases.

The names of the medical men who had, in almost every instance, attended the cases, previously to their coming under the writer's hands, are very numerous, and if appended, would have shown, at a glance, that the ordinary methods of treatment had been applied by (amongst others) the most eminent specialists of the day. On the present occasion, however, such names are not appended—but they may, if desired, be ascertained, in any particular case or cases, by communicating with the patients themselves.

Medical specialists who had failed in cases afterwards cured by the Writer.

(From the Preface to the Sixth Edition.)

Six years and more elapsed between the issue of the fifth and sixth editions of this work, and in the interval nearly six thousand copies were sold. There were sufficient reasons why that edition should be supplanted by another. The particular department of surgical science under consideration is subject to continual development; and readers are entitled at reasonable periods to be posted in newer theories and more recent discoveries.

Extensive sale of this book.

Advancement of surgical science in this department.

Electrolysis.

Professor Bigelow's treatment of stone.

The Writer's own experience.

Lithotomy (the cutting operation) nearly supplanted.

Blunders of the Profession continue.

Case of a lady suffering from stone treated for paralysis.

Stone removed by Dr. Gordon G. Jones.

Much that was of interest happened in the interval. Electrolysis, for example, long regarded with distrust and repressed to the background, had begun to win upon confidence and made some strides to the front. Some reference to its position as a curative agent as applied to urethral stricture will be found in these pages. Time, moreover, had been afforded for a right appreciation of Professor BIGELOW's developments in the treatment of stone described in the fifth edition (pp. 40—48). The writer is enabled to give the results of experience gained in hundreds of cases of the professor's method of removing stone in young children and is happy to say that it has proved highly successful. With regard to the professor's operation in substitution of lithotritry (as it used to be practised) no one can doubt of its triumph, nor could any justification be now pleaded for removing stone by a succession of operations and allowing the fragments to tear the urethra in their exit, when, by a single operation, though somewhat more prolonged, the end can be attained by BIGELOW's tubes without injuring the urethra at all. The writer in the previous edition expressed a belief that save in some exceptional cases BIGELOW's method moreover would altogether supplant lithotomy (the cutting operation), and lithotritry according to CIVIALE's plan, and at the same time make the removal of stone the most successful operation in modern surgery. When surgeons in general become better diagnosticians there is little doubt that "litholapaxy" will supersede all other methods for the purpose.

Such are some notable instances of advance in the department of urinary surgery. But the record of blunders goes on steadily swelling. Among the more flagrant is the case of a lady (No. 25 in seventh edition) who had suffered for thirty-three years from stone in the bladder, but though resorting to the most eminent authorities was treated for paralysis of the organ, and where the writer's son (GORDON GRIFFITHS JONES), assisted by the writer himself, removed a calculus weighing over three ounces and measuring fifty millimetres by forty, or in English

measure two inches and one-eighth by one inch and three-quarters.

Opportunity has not served the writer's intention in publishing this sixth edition to make the work more comprehensive, with some notice of *medical* diseases of the genito-urinary system, including Bright's disease of the kidneys, diabetes, and various nervous affections (so-called) so successfully treated by LALLEMANDE (in France), and the late Dr. DAWSON (in London). He will remark however, in passing, since the question has been raised, that for what is sometimes called "hypogastria in the male," but SIR JAMES PAGET (in his excellent lecture on the subject) terms "sexual hypochondriasis" and is vernacularly known as "spermatorrhœa," while he is led to protest most emphatically against cauterisation, he at the same time fully concurs in the application of local means which is in accordance with his own general views.

Medical diseases of the genito-urinary system.

Protest against cauterisation.

In order to make this book more useful in point of reference, the writer has added, at the suggestion of some of his patients, an epitomised index of the published cases, that the reader may discern at a glance the nature of what is recorded. Further, for purposes of verification, names and addresses are added. The writer, indeed, is unacquainted with any medical work affording so much facility for direct information or so much assurance of good faith.

Epitomised index
Verification of cases with names and addresses.

Special attention should be called to the class of cases—where there is no stone—which are reported as obscure and incurable. Among these is disease of the prostate, declared by high authorities* to be "incurable by any known means." The writer begs to refer, in contradiction to this statement, to the numerous cases of cure recorded in this book. It is true, as alleged, that some of the patients have eventually died. The allegation has been dealt with before (in the second edition of "Urinary Diseases" and elsewhere); but generally the end has come from some other disease or else at a ripe

Obscure and "incurable" cases—disease of the prostate.

Numerous cases of cure in this book.

* See article on "Diseased Prostate" (reproduced in Seventh Edition).

old age. The Rev. CANON COCKIN, for instance, who about a year ago succumbed to paralysis, aged 76, but who nevertheless enjoyed nine years of freedom from the affliction of which he was cured.

The Writer's
special
means of
cure.

Answer to
the request
for dis-
closure.

The Writer's
offer.
Co-operation
of Dr.
Gordon G.
Jones.

With respect to the special means of cure which the writer possesses in these and some other classes of cases, the Profession asks, as has been remarked upon in former issues, why not, in the interests of the afflicted, make them known? The answer is that, as in other departments of industry, a discoverer is entitled to the fruits of his industry and research. Will the Profession, which has the good of mankind so much at heart, co-operate together for the purchase of the discovery? Certainly they will not. They will only make reproach that it is not surrendered for nothing. The writer is willing to yield something. He offers the HOME HOSPITAL in Dean Street, with his services for life, to any one who will endow it. He is, moreover, authorized by his son, GORDON G. JONES, to say that he, in like manner, heartily co-operates in the much needed object. Of the writer's service to the helpless from time to time, he may not speak. Why must he, more than other men, be made up of sacrifice, and ignore the claims of his family? Success in professional life is apt to bring something besides honour. There are those to whom it is the most unpardonable of offences, the one thing which cannot be forgiven. It is not at all certain that on following the advice of the envious, the writer ought not to incur their derision. As the lesser of two evils, he prefers to accept their enmity, manifested sometimes in execrable sentiment and still more execrable taste.

(From the Preface to the Second Edition of URINARY DISEASES now included in this work.)

The Writer's
Spray treat-
ment famed
abroad.
So-called
"incurable"
cases arrive
from remote
parts of the
world.

The writer may perhaps be pardoned for calling attention to the widespread recognition of his methods. His "Spray treatment," from being availed of at home, has become famed abroad, and sufferers of both sexes from so-called "incurable" diseases of the bladder, arrive

from remote parts of the world with the conviction of the certainty of cure. The confidence, though somewhat over-strained, is hardly to be wondered at considering the published cases of success, where every other kind of treatment had proved hopeless. The author is sorry to confess occasional failures. Omnipotence is not for men, and the surgeon's art, even in its best developments, is necessarily limited. Cases occur that no means will affect, and that must be pronounced incurable. What the author professes and claims successfully to establish, is, that patients derive more benefit from his treatment than from any other. Cases given up as incurable are in fact cured; and many coming to him in a dying state, have pains greatly relieved and their lives correspondingly prolonged.

Occasional failures.

But cases given up as "incurable" are 'cured.

The certainty of the author's methods and the permanency of his cures have, since his last issue to the public, been further confirmed. From the date of the fifth edition (1883), of "Diseases of the Bladder and Prostate" only two of his patients have returned, after cure, for further treatment; and these, after a few repetitions of the "spray," were soon restored. Satisfaction at continued freedom from pain has continued to be generally expressed, with thankfulness for prolongation of life and capacity to enjoy it.

Permanence of the cures.

Jealousy and detraction on the part of interested members of the Medical Profession have not, however, been without employment. It has been remarked, for instance, disingenuously enough, that some of the writer's patients have died, but the material fact has been omitted that the deaths were subsequent to restoration and from other causes. All the deaths referred to, it may be explained, pertain to cases published with the fifth edition of "Diseases of the Bladder and Prostate." Mr. GEORGE SOWERBY, of No. 1, Railway Place, West Walls, Carlisle (case 17)* was killed in a railway accident. Mrs. TOLLY, of No. 27, Coburg Street, Bow Road (case 38),† and Mrs.

Detraction encountered.

Deaths of patients.

* No. 7, Seventh Edition.

† No. 68, Seventh Edition.

Not from the
disease
which the
Writer
successfully
cured.

DOSSITER, of Dane Hill, Uckfield (case 41),* both died of bronchitis. And Mrs. E. M. ALLEN, of No. 7, Radcot Street, Kennington (case 31),† died of pleurisy. To guard against occasion for misunderstanding, in the case of several patients mentioned in the same book, who have changed their abodes, the present addresses are given in an Appendix to this issue.‡ Furthermore, four from among the author's most signal examples of cure having been removed by death within the past five years, their names are appended with the Registrar-General's report of the cause.|| Neither of them, it will be seen, died of the disease which the writer successfully cured; and it is not possible, therefore, for intending patients to be discouraged by representations in these cases if they will be at the trouble to verify the facts.

In dismissing the hollow allegations made against him, the author only urges, for the sake of possible sufferers, exceeding caution in accepting statements from time to time that may be alike unprofessional, substantially untrue, and wholly unjust.

* No. 71, Seventh Edition. † No. 64, Seventh Edition.

‡ See also Appendix, Seventh Edition. || See also Seventh Edition.

DR. DAVID JONES'S RELATIONS WITH THE PROFESSION.

BY DR. GORDON G. JONES.

(From the Second Edition of "URINARY DISEASES.")

I HAVE been asked by my father to write an introduction to the present Supplement of cases which have come under his treatment, and I do so without hesitation for the following reasons:—

Statement
by Dr.
Gordon G.
Jones on the
author's re-
lations with
the Profes-
sion.

(1) Because I have been personally associated with him in the treatment of the cases here mentioned, as well as many others.

His reasons
for making
it.

(2) Because I wish to draw attention to the persistent hostility which has been from time to time relentlessly exhibited towards him by many members of the Medical Profession.

(3) Because it affords me the opportunity of explaining my own professional views in reference to medical practice.

The cases of stone, and diseases of the bladder and prostate in the male, and the obscure, and the so-called incurable diseases of the bladder, in the female, recorded in the present Supplement, have with few exceptions come under my own observation, and I have carefully watched every stage myself, until success has been achieved, and can testify therefore, from personal knowledge, to the absolute accuracy of the statements made respecting them. My father has already, in the fifth edition of his work on the subject, drawn attention to his

Testifies to
the accuracy
of the state-
ments of
cases.

Dr. David Jones's special method of cure.

Peculiar skill and accuracy in diagnosis of stone and obscure diseases

Case in illustration.

Stone never suspected by eminent surgeons and physicians, but thirteen stones discovered by Dr. David Jones.

special method of curing diseases of the bladder and prostate, and has narrated therein cases which have yielded to his treatment, after having been pronounced hopeless, by some of the most eminent members of the Medical Profession in this and other countries. He has, moreover, to my own knowledge, diagnosed cases of "stone," and various obscure diseases, with what—were I not his son—I would call a skill and accuracy peculiar to himself; cases which had been looked upon as of a totally different nature by some of the highest authorities, and which clearly indicate the vital importance of accuracy in diagnosis, an error in which renders treatment not only absolutely futile, but probably leads to fatal consequences. Even lay readers will readily understand that the first step to be taken with a patient is to ascertain beyond reasonable doubt the precise nature of his malady. As a striking illustration of this important fact, the reader's careful attention is drawn to Case 2.* The patient had been suffering for many years from a troublesome prostatic affection, and had been treated by some eminent London surgeons and physicians, but the symptoms nevertheless had gradually increased. The presence of stone had never been suspected, and one eminent specialist, after an examination, told him he might inform his medical attendant, that he was not suffering from stone or stricture, but from sluggish liver. Finding no relief from various kinds of treatment, under many leading practitioners, he consulted my father, who at once adopted his "spray" treatment, and after some time, discovered stone, and in the presence of three other medical men, removed thirteen stones from his bladder. Of these, twelve were small and were composed of oxalate of lime; the thirteenth was composed of lithic acid and weighed nearly three drams. This showed that these stones had not been generated in his system at the same period of life, and they had undoubtedly been the cause of the troublesome symptoms which the patient had experienced.

If facts are of the slightest importance, this case, if it stood alone, would afford ample justification for what I

* No 19, Seventh Edition.

have stated. Take another more recent case. The Rev.—— had for two years—owing to illness—been unable to attend to his clerical duties, and had for ten months, to use his own words, been suffering “extreme torture.” He had been attended by a Fellow of the Royal College of Surgeons, and by a Doctor of Medicine of the University of London, who had prescribed numerous remedies without benefit. The only relief they could afford, was by means of morphia suppositories and hot fomentations, and as he was daily getting worse, my father was sent for. He told the patient that the result of a chemical and microscopical analysis of his urine, pointed unmistakably to stone in the bladder, and an examination immediately proved the correctness of the diagnosis; and yet his other medical men never once suspected “stone,” but had, in fact, been treating him for a wrong disease.

Another case.

“Extreme torture” unrelieved and wrongly treated by Fellow of College of Surgeons, and M.D.

Stone diagnosed by Dr. David Jones immediately proved by examination.

As another instance of the professional animus alluded to, I will mention the following—

My father was called a few months ago to a serious case in “Fitzroy House.” The patient had been under several of the most eminent London physicians and surgeons, all of whom, with one exception, said it was a case of cancer of the hip joint and pelvis, and was, moreover, incurable; it was after the surgeon then in attendance had assured the friends that he could not live another fortnight, that they sent for my father, who at once doubted the accuracy of the former diagnosis, and gave hopes of recovery. The Medical Board, however, refused absolutely to allow the patient to remain in “Fitzroy House” under his treatment, and I am informed by the wife, that the Secretary (himself a medical man) declared that, should the patient die—as he assuredly would—under my father’s hands, an inquest would have to be held on the body, before a certificate of death could be obtained. This, be it borne in mind, was said by a member of a Profession which is supposed to hold before every other thing, the health and life of a patient. Truly may it be said—

Professional animus—Fitzroy House.

Case wrongly diagnosed as cancer—patient assigned a fortnight to live.

Dr. David Jones sent for—detected the error.

Professional threats.

“Quidquid delirant reges, plectuntur Achivi.”

“While doctors wrangle, ’tis the sick who die.”

Patient who
had chronic
abscess im-
proved—
eventually
died of
bronchitis.

The patient, nevertheless, was removed, and my father's diagnosis (chronic abscess of the pelvis and hip joint) proved to be correct. An enormous quantity of matter was removed, and he began slowly but surely to improve. This improvement continued for five months, when he unfortunately caught cold during the late severe winter, and acute bronchitis set in, to which he succumbed. Had it not been for this untimely termination, it is confidently believed that he might have ultimately recovered. As it was, instead of dying in a fortnight from malignant disease, he was spared to his family for five months.

Further
case.

Eminent
surgeon de-
clared there
was no stone
—Dr. David
Jones felt as-
sured there
was a large
one.

Stone after-
wards found.

Patient
treated by
another
surgeon and
died.

As another instance, I will mention the case of a patient, who was assured by an eminent surgeon that he had no stone. He consulted my father, who after a cursory examination, felt assured of the presence of a large one, and advised its removal. The other surgeon's adverse opinion, however, prevailed, and the patient was also advised to "have nothing to do with JONES." After years of suffering, he again consulted my father, who repeated his former opinion, and recommended the process of "sounding," but the patient recoiled from it. Soon afterwards he became suddenly worse, and my father being in Paris, Mr. SAVORY, surgeon to St. Bartholomew's Hospital, was consulted. The patient was examined, and a stone found, but he was advised that at his age (80 years) if the cutting or crushing operation were adopted, the result would be fatal. Subsequently getting worse, he was operated upon by another surgeon, and died under treatment, thus verifying Mr. SAVORY's opinion. Now, had this patient remained under my father's care, his life would probably have been spared. It was simply the presence of the stone which occasioned all his sufferings, and had the cause been removed when it was first suspected, it is only fair to suppose that, like other patients similarly circumstanced, he would have exchanged a life of suffering for one of comparative ease (see Cases 9 and 10.*) The

* Nos. 21 and 22, Seventh Edition.

above case is mentioned in the fifth edition, "Diseases of the Bladder and Prostate," &c., page 9, line 16.

Many patients, in addition to private medical advice, have had the advantage of residence in hospitals, where skilful treatment has been supplemented by good nursing and hygienic surroundings. I append a list of hospitals at which some of the patients, since cured by my father, had been unsuccessfully treated. In many cases, indeed, patients now in perfect health, had been discharged "incurable" :

Hospitals
which failed
where Dr.
David Jones
afterwards
succeeded.

ST. BARTHOLOMEW'S HOSPITAL.
GUY'S HOSPITAL.
ST. THOMAS'S HOSPITAL.
UNIVERSITY COLLEGE HOSPITAL.
CHARING CROSS HOSPITAL.
WESTMINSTER HOSPITAL.
ST. MARY'S HOSPITAL.
LONDON HOSPITAL.
ST. PETER'S HOSPITAL FOR STONE.
HOSPITAL FOR WOMEN, SOHO SQUARE.
HOSPITAL FOR WOMEN, CHELSEA.
SAMARITAN FREE HOSPITAL.
ROYAL FREE HOSPITAL.
HOMŒOPATHIC HOSPITAL, GREAT ORMOND
STREET.
Ditto, BIRMINGHAM AND LIVERPOOL.
GLASGOW ROYAL INFIRMARY.
EDINBURGH ROYAL INFIRMARY.
NEWCASTLE-ON-TYNE INFIRMARY.
HEMEL HEMPSTEAD INFIRMARY.
HITCHIN INFIRMARY.
MANCHESTER ROYAL INFIRMARY.
LEEDS INFIRMARY.
ADDENBROKE'S HOSPITAL, CAMBRIDGE.
LIVERPOOL ROYAL INFIRMARY.
SHEFFIELD INFIRMARY.
POPLAR HOSPITAL FOR ACCIDENTS,
BLACKWALL, E. &c., &c.

Dr. David
Jones a
Homœopath.

Dr. Gordon
G. Jones an
exclusive ad-
herent of no
system.

Michael
Faraday's
ideal of a
physician.

This being the first time I have appeared before the Profession or the Public in print, I am anxious to do so in a straightforward and manly manner. My father, it is well known, is a Homœopath, and conscientiously believes in the principle of "*Similia similibus curantur.*" His successful career, and signally brilliant cures of surgical and medical cases of all kinds, certainly justify his conclusions, if the effects wrought be due to the *principle* of cure. Friends, professional and otherwise, wonder I have not unhesitatingly embraced his views and belief, but inasmuch as my father and I admit of shortcomings and imperfections in *all* systems, my judgment dictates neutrality, and for my own part I decline at present to adopt or adhere to any particular principle of treatment. I am simply an enquirer after truth, and I hold myself at perfect liberty to make use of any and such means as I may consider best calculated to relieve my patients. That there is truth and right in every system of medicine I firmly believe, and I hold that no man is justified in adhering to, or lauding any one particular system, to the depreciation of another, without first of all striving honestly and carefully to search out and discover the merits and demerits of each and every one. It is too much the custom to follow blindly the doctrines of certain schools, or even of certain men, to the entire exclusion of all others, and it so happens that the man who has the courage to avow his own convictions, and prefers to search after truth himself, rather than follow sheep-like in the beaten track, is more frequently stigmatised with the epithet of "unorthodox," or perhaps more often, to the disgrace of the profession be it said, of "quack." What Michael Faraday said is so in accordance with my own views, that I cannot refrain from quoting him :

"The philosopher (and the physician) should be a man willing to listen to every suggestion, but determined to judge for himself. He should not be biased by appearances, have no favourite hypothesis, be of no school, and in doctrine have no master. He should not

be a respecter of persons, but of things. Truth should be his primary object. If to these qualities be added industry, he may indeed hope to walk within the veil of the temple of Nature."

I take up my stand, therefore, before the Profession, and before the public, as a medical practitioner, who, unfettered by any one system or set of views, or party feelings, is devoted to the interests of truth and science, but above all to the interests of the suffering public, and I decline unhesitatingly to be classed amongst those medical men so graphically described by the poet—

"For doctors now like flocks of sheep,
All follow where the first one takes the leap."

In conclusion, I can only say that I trust a perusal of the cases which appear in this Supplement, may inspire other sufferers with hope and confidence, the possession of which two attributes, forms such an important factor in conducting any case to a successful termination.

Although in the foregoing remarks it may be considered that I have exceeded the recognised boundaries of professional criticism, and displayed some resentment towards the high lights of the Profession to which I am proud to belong, yet I consider that in justice I may fairly be excused for resenting the wrong which has been so cruelly pursued towards the suffering public. I have written under the conviction, that, but for the "boycotting" which has been practised toward my father, thousands of sufferers from a most painful disease might have obtained relief and longer life, and as false reports have been spread to the effect that he is not a qualified practitioner, I append a list of the Diplomas and Degrees which he obtained from the following examining bodies:

Hope and confidence in sufferers.

"Boycotting" by the Profession.

Dr. David Jones's diplomas and degrees

1. Royal College of Surgeons (London);
2. Royal College of Physicians (London);
3. University of Heidelberg, Degree of M.D. (*Summa cum laude*); *

* See note, p. xvii.

4. Dr. JONES also passed his examination for the Degree of M.D. in the University of St. Andrew's;—

in order to give publicity to the exact bearings of the case, as between my father's practice, and the treatment he has received from a large body of the Medical Profession.

Authentica-
tion of phy-
sicians' and
surgeons'
names.

As proof that the medical men I have named, have really attended the cases published in this Supplement,* any reader can, by applying to my father or me, have the names and addresses of the several patients, who will furnish the names of the medical men by whom they had been unsuccessfully treated.

GORDON G. JONES,

*Licentiate of the Faculty of Physicians
and Surgeons, Glasgow ; Licentiate
of the Royal College of Physicians,
Edinburgh.*

15, WELBECK STREET,
CAVENDISH SQUARE, LONDON, W.

* Included, also, in the Seventh Edition.

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CASES:—

STONE IN THE BLADDER.

MEN'S CASES.

Case No. 1.—E. B.

Chronic Bladder Disease, with Stone.—Pain from early age in passing water—At fourteen lost all control over urinary organs—Severe symptoms set in—Physicians, allopathic and homœopathic, of no appreciable avail—After years of suffering, came to the writer—Cured with the Spray treatment—Stone discovered—Refused to have it removed 70

Case No. 2.—I. C. W. I.

Enlarged Prostate, Complicated with Impacted Stone.—Treated by local doctor for the enlarged prostate, pronounced incurable, relieved only by morphia—Feeling that life was ebbing away, consulted the writer—Immediate relief from the Spray treatment, by which an impacted stone was liberated—Stone removed—Another too deeply impacted for removal—Restored to ease 75

Case No. 3.—G. H. (SOUTHAMPTON), AGED 63.

Stone in the Bladder and Kidney Trouble.—Successive seizures, with severe pains in back, hip, and abdomen—Subsequently, in urinating, a small stone "shot out"—Bladder irritation increased—Consulted the writer—Hard lithic acid calculus removed—Rapid recovery 76

Case No. 4.—G. G. (LEEDS), AGED 67.

Bladder Irritation due to Stone.—Had suffered for two years and passed bits of gravel—Two small calculi discovered—Removed in nineteen minutes—Rapid recovery 77

Case No. 5.—G. F. V., AGED 38, WIDOWER.

Bladder Irritation due to Strictures in the Urethra and Stone in the Bladder.—Had been treated for Lumbago—Sounded for stone at St. George's Hospital, but none found—Tried other doctors, who did no good—Came to the writer with severe symptoms—Two strictures revealed, stone subsequently found and removed, weighing nearly an ounce—Rapid recovery, restored to perfect health 79

Case No. 6.—J. P.

Stone in the Bladder, complicated with Very Large Prostate.—Habitual sufferer—Intense irritation and severe straining—Assured by medical attendant that he had "no stone"—No relief—Came to the writer, who discovered the greatest enlargement of prostate he had ever found—Sounding difficult, part of the urethra dilated into a pouch—Writer's Elastic Sound—Oxalate of lime stone found and removed—Restored to perfect health .. 80

Case No. 7.—G. S., AGED 28, MARRIED.

Stone in the Bladder, discoverable only occasionally.—Frequent urination with pain—At Carlisle Infirmary sounded frequently for stone, which was found once, and on another examination seemed smaller—After a lapse of five years, felt something move in the bladder, with return of old pain—Lost control over the urinary organs—Came to the Home Hospital—Large stone found and removed, weighing nearly four ounces—Excellent recovery 85

Case No. 8.—E. T., AGED 39, MARRIED.

Stone, with Bladder and Kidney Disease.—Suffered from the age of nine from bladder and kidney trouble—Symptoms referred by doctors to "inflammation"—Stone apparently unsuspected—Came to the writer in great suffering, considerable pain night and day, and urinating at intervals of twenty minutes—Large calculus found—Operation hazardous, but patient recovered—Kidney mischief afterwards recurred, general health failed, and patient died from a complication of disorders 90

Case No. 9.—F. L., AGED 42.

Two Small Calculi.—A great sufferer for six years—Treated by eminent surgeons for kidney disease, but without relief—Sounded for stone by surgeons at St. George's Hospital, but none found—The writer found first one small fragment, and then another; both brought away—Patient regained strength, and was restored to health 95

Case No. 10.—J. B., AGED 52.

Stone weighing only Eighteen Grains.—Had been treated for urinary symptoms by surgeons of distinction, and sounded for stone unsuccessfully about twenty times—The writer found a small stone weighing 18 grs., and brought it away—Patient perfectly cured 97

Case No. 11.—E. O., AGED 67.

Stone long unsuspected.—Suffered from urinary trouble for six years, and treated by several medical men, three of them eminent, but with little relief—The writer found the prostate enlarged, and suggested stone—Discovered a large oxalate of lime stone, together with another smaller one—Both removed—Patient regained health, but, removing from place to place, could not be treated for the enlarged prostate—Was rid of serious discomfort 99

Case No. 12.—J. B., AGED 54, SINGLE.

Stone overlooked.—Consulted several surgeons from time to time, and treated at the North London Hospital two months for urinary trouble—Several times sounded for stone, but none discovered—The writer found a hard lithic acid calculus, with prostate mischief, and an inguinal rupture from severe straining—Stone removed, enlarged prostate treated—Cured 101

*Case No. 16.—D. B.***Stone in the Bladder discovered by the Spray Treatment.—**

Suffered for years from bladder symptoms—Sounded for stone by local doctor, also by surgeons at the University College Hospital, but none found—One surgeon seemed to conclude for stone but on proceeding to crush it was unable to find it—The writer relieved the symptoms by the Spray treatment, and found the stone, and it was removed by Dr. GORDON G. JONES—Rapid recovery 113

*Case No. 17.—H. J. B.***“Incurable” Prostatic Enlargement, with Stone and Chronic**

Constipation.—Was told by three well-known surgeons that he had enlarged prostate, from which he was to expect no relief, but that he had “no stone”—The writer, having applied the Spray treatment, discovered a stone, and it was removed—Rapid recovery—Perfectly cured—The patient by special treatment was also cured of chronic constipation 117

Case No. 18.—CAPTAIN A. C. C., R.N.

Stone in the Bladder overlooked.—After a residence of twenty years in India was subject to severe pain in both kidneys, referred by his doctors to cystitis and enlarged prostate—One declared for “suppressed gout”—All agreed that he had “no stone”—Symptoms severe, indescribable pain, occasional urination at intervals of a few minutes, with violent straining, “as if bladder and bowels were being forced out”—Sent to Germany to try the waters, and examined there by three medical celebrities, who also declared there was “no stone”—Carlsbad waters and mineral baths aggravated his sufferings—The writer, being applied to, discovered unmistakable stone, and, assisted by Dr. GORDON G. JONES, removed it—Afterwards found another impacted in the mucous membrane, and brought it away—Patient restored to robust health, and wrote grateful acknowledgements.. 118

*Case No. 19.—ADMIRAL SIR G. E., K.C.B., ETC., AGED 69, MARRIED.***Thirteen Stones in the Bladder, overlooked by Eminent Sur-**

geons.—The admiral had been attended by surgeons and physicians, some of them of eminence, for twenty-five years, all of whom ascribed his case to “enlargement of the prostate and sluggish liver,” and expressed no suspicion of stone—The writer, when the patient had put himself in his hands, took away whole

twelve small stones of oxalate of lime, and crushed and removed another large one of lithic acid—The patient made a good recovery 121

Case No. 20.—H. H. U., AGED 23, SINGLE.

Stone suspected, but not discovered till the Writer's Treatment had been applied.—The patient had considerable urinary trouble, with symptoms of a remarkable character—Had been treated unsuccessfully by several medical men, one a surgeon of note, who suspected stone, but could find none—The writer, being consulted, applied the Spray treatment, which brought away large masses of mucus, and a stone was then discovered—Owing to professional jealousy the case was removed, and the writer heard no more of it 124

Case No. 21.—THE REV. J. B., MARRIED.

Stone in the Bladder, with Complications, at the Age of Eighty-one.—After seven or eight years of treatment by local doctors of high repute, who declared that at the patient's time of life an operation would be fatal, he was reduced to a condition in which he could not have survived many days—The writer consulted, and operation assented to—Urethral canal impervious, and the distended bladder, through continual straining, forced into two distinct sacculations—Symptoms relieved—Stone also found and crushed—Perfectly restored in two months 129

Case No. 22.—W. C. L.

Stone removed from an Octogenarian with Heart Disease.—Local doctor could give no relief from urinary trouble, endured for many years—Symptoms referred to "old man's bladder," stone unsuspected—The writer on examination found a large stone—Anæsthetics being dangerous in heart disease, the stone was removed in successive portions, under sufficient ether to deaden pain—The aged patient went home perfectly cured 132

Case No. 23.—THE REV. T. H., OF L— VICARAGE, LINCOLN.

Stone in the Bladder mistaken and treated for Paralysis of the Bladder.—Picked up insensible after an accident in the hunting field, and found by Sir P. H., from London, in consultation with local doctors, to be suffering from paralysis, and treated for two years without relief, but suffered torturing pain day and night—The writer on seeing him concluded he had stone impacted in the

folds of the bladder before the accident, but released by the fall—
 Sir P. H. verified the diagnosis, and was chosen to remove the
 stone—The patient succumbed—Remarks on old-fashioned
 methods 134

Case No. 24.—COLONEL —, AGED 47, MARRIED.

Stone in the Bladder, complicated with Urethral Stricture.—
 Mistaken and treated for stricture only—Had been under the
 care of Sir — for eighteen months for stricture of the urethra—
 The writer discovered stone, and it was crushed and removed—
 Good recovery 135

Case No. 26.—I. B., AGED 61, MARRIED.

Stone in the Bladder.—Symptoms relieved while the stone remained 139

Case No. 27.—REV. C. G. S., AGED 38, MARRIED.

Stone in the Kidney regarded as Lumbago.—Had been treated by
 two surgeons, both of whom assured him he had “no stone”—
 The writer concluded stone was present, and in the event the
 patient passed one 141

Case No. 28.—V. DE M.

Enlargement of the Prostate; Stone also (Only discoverable after
 the Spray treatment).—Told by West-end physician, also at a
 large hospital, there was “no stone”—Prostate reduced—Stone
 removed—left Home Hospital third day, perfectly restored .. 142

*Case No. 28.**—W. C. (CAMBRIDGE), AGED 56.

Stone in the Bladder and Enlargement of the Prostate.—Had
 suffered from bladder symptoms some twelve months—Treated at
 the Cambridge Hospital—Sounded for stone by three surgeons,
 by one of them twice, but all declared there was no stone—They
 agreed there was disease of the bladder and prostate, regarded
 incurable—Patient was in the hospital, and attended there, in all,
 five months, without benefit—Coming to the writer at the Home
 Hospital, stone was found embedded, liberated by the Spray
 treatment, and removed—Prostate disease cured—Patient speed-
 ily restored, and continues well 145

CASES BY DR. GORDON JONES.

Case No. 83.—F. L. M., ESQ., AGED 63, WIDOWER.

Stone in the Bladder mistreated for Paralysis.—Had suffered from urinary symptoms for twenty years, culminating in loss of power and numbness—Treated by doctors at home and abroad for paralysis, but without relief—By Mr. Durham, surgeon to Guy's Hospital—Advised by Dr. Sinures to go to a home for incurables—By Dr. Gowers, at Bolingbroke Hospital—Tried hydropathic treatment at Matlock Bridge under Dr. Hunter and declared incurable—The Hospital for Paralysis, Dr. H. Killigrew's system of massage, Harness's Electropathic and Zander Institute, wearing belt as recommended—Abroad, consulted physicians in Paris, including the celebrated Ricord, also doctors in Bastia, in Corsica, sojourned at Dr. Calderai's Casa di Sante at Pisa—Consultation of surgeons, including Professor Groves, of the University of Pisa, all without avail—Wearied of life, sinking under suffering, and without hope of cure, saw advertisement of the writer's book and entered the Home Hospital—Dr. Gordon Jones discovered stone—Patient helpless, dropsical, without appetite, no control of bladder, physically low and mentally apathetic—Hygienic measures and preparatory Spray treatment—Stone removed in successive stages—Good recovery—Reputed paralytic condition yielded to treatment; undoubtedly due to stone, overlooked by all other doctors—Well enough to leave the Home, married and went abroad 334

Case No. 84.—MR. W.

Stone in the Bladder wrongly treated for two years.—Treated for urinary symptoms by local doctor, on and off, for two years, but ineffectually—Twice sounded for stone and assured there was none, an assurance confirmed by a lecturer at Guy's Hospital—Was told, however, that he had enlargement of the prostate, for which nothing could be done—Advised to put up with it as well as he could—Hearing of the Home Hospital, was told that it was useless to go there, after the opinion of the Guy's surgeon—Went notwithstanding—Symptoms pointed unmistakably to stone—Large stone found, and removed in two operations—Good recovery—Enlarged prostate found to be slight and chiefly inflammatory, and not likely to give further trouble—Highly delighted at cure after being pronounced "incurable" 342

STONE IN THE BLADDER IN WOMEN.

Case No. 13.—MRS. E. H., AGED 37, MARRIED.

Stone in the Bladder mistaken for Womb Disease.—Five years' illness culminated in a severe form of suffering—By local medical gentlemen and at St. Bartholomew's and the Hospital for Women in Soho Square was treated for womb disease—Intolerable suffering and despair—A physician, attributing the trouble to pregnancy, had premature labour brought on—No relief—Came to the writer, who found a large stone in the bladder, and removed it; weighed two ounces and three-quarters—Rapid recovery—Left Home Hospital in ten days perfectly well 102

Case No. 14.—MRS. S.

Villous Tumour and Stone in the Bladder.—Case wholly misunderstood—Suffered for years from constant desire to micturate—Under treatment by successive medical men of repute, including hospital surgeons, her sufferings increased, till she was scarcely able to crawl from one room to another, with spasmodic urging and bearing-down pains, urinating small quantities at a time, and her mind enfeebled with morphia—Her case was variously diagnosed, and one hospital surgeon angrily referred her sufferings to "nervous fancies"—Told by another that "nothing more could be done"—Case regarded as hopeless, and "resigned to nature," worn out, exhausted and bewildered—The writer being applied to, contrary to the advice of others, found impacted stone and a vascular tumour in the neck of the bladder—She was operated on successfully, and cured in three weeks 106

Case No. 15.—MRS. E. A., AGED 52.

Tumour in Neck of Bladder, with Rough and Pointed Calculus.—Suffered from distressing irritation of the bladder for many years, sounded for stone and otherwise examined by eminent physicians, but without relief—The writer being consulted, found the tumour as described, with a small impacted calculus—Speedily relieved, and ultimately recovered 111

Case No. 25.—THE HON. L. D. E. AGED 35, SINGLE.

Stone in the Bladder wrongly diagnosed by eminent authorities as paralysis.—Had suffered from incapacity of retention since the age of two years, until, at thirty-three, she was pronounced incurable—Subject to paroxysms endangering life, which were referred to inflammation—The writer, being consulted, perceived the

source of the mischief and hinted possibility of cure—Suggestion received incredulously—Stone, which filled the whole cavity of the bladder, removed by Dr. GORDON G. JONES—Patient made a good, though slow, recovery 137

ENLARGED PROSTATE COMPLICATED WITH URINARY DISEASES.

Case No. 29.—E. S., AGED 58.

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PART I.

DISEASES

OF THE

BLADDER & PROSTATE.

GENERAL CONSIDERATIONS :—*The Bladder and the Diseases to which it is liable.*

THE bladder is subject to a variety of diseases. Authors classify them as “Acute” and “Chronic”; and these for the most part they regard respectively as the curable and the incurable. It is not the intention of the writer to indite an elaborate treatise on the bladder, nor to take cognizance of simple affections which ordinary treatment will cure; but rather to draw attention to the *chronic* and as generally regarded *incurable* forms of disease, which have baffled the professional mind, and are looked upon as an opprobrium to the medical art.

One diseased condition in particular, well known to the Profession and to sufferers concerned, is, in women, called “chronic inflammation of the bladder or neck of the bladder,” “irritable bladder,” “catarrh of the bladder,” “ulceration of the mucous membrane of the bladder,” “nervous disease of the bladder,” &c.

Chronic inflammation,
etc., in
women.

Prostatic
disease in
men.

The analogous disease in the male sex, due to enlargement of a gland surrounding the neck of the bladder (called "prostate gland"), is known as "disease or enlargement of the prostate gland," "chronic prostatitis," "chronic inflammation of the bladder or neck of the bladder," "irritable bladder," "catarrh and weakness of the bladder," &c.

Resem-
blance to one
another.

It is a curious circumstance, that the symptoms of this (so called) incurable disease in women, very much resemble "disease of the prostate gland" in the male sex. Although this gland is absent in women, there is, nevertheless, a peculiar pathological condition occasionally met with in the neck of the female bladder, which readily accounts for the similarity of symptoms in the two sexes—a condition not (as the writer believes) heretofore described in any medical work. In some very long-standing cases, the writer has found a thickened condition of the mucous membrane around the neck of the female bladder, which appears to project into the viscus (just as the prostate does in the male), rendering the urinary apparatus incapable of thoroughly emptying its contents,—cases in which the writer has on many occasions drawn off from one to three ounces of fluid. This fully accounts for cloudiness of the urinary secretion (resulting from decomposition of the retained fluid), which is symptomatic of inflammation of the bladder. The physical condition in the male and female bladder, and the symptoms resulting therefrom, are so nearly identical, that the writer has frequently, while commenting, clinically, on the circumstance, told his medical friends that the disease might be called "prostatic disease in the female." This state of things was well exemplified in Mrs. Cookman's case—(see Case 65). There are, however, diseases of the bladder in women which seem more severe in their nature than in the case just named, and in which the urinary secretion looks quite clear, resembling pure water. In these cases there is no physical obstruction at the neck of the bladder, nor bulging of the urethral canal; but in some of them the pain appears to

Case in
point.
Other blad-
der diseases.

be more persistent, and urination is more frequent. The cases of S. M. and Mrs. E. M. Allen were of this class. The *local* treatment of these two conditions is equally successful: the pathology, however, is totally different, and necessarily the remedies suitable to the one may not be so to the other. Although a *spray* is used by the writer in *all* bladder diseases, the medicaments used are just as various (though employed locally) as remedies introduced into the stomach might be. This is mentioned with a view of removing an error which appears to prevail in some minds, viz., that the same remedy is used as a nostrum for all Bladder disorders. This is not the case: for some patients require a tonic, some a sedative, and others an astringent spray. The chronic incurable condition of disease of the prostate in the male, and the majority of bladder diseases in the female, as hitherto treated, shew that up to the present time the pathology of these chronic cases in both sexes is not well understood. Sufferers from these terrible diseases know too well that if they are *not* cured by ordinary Allopathic or Homœopathic remedies, either the *cause* of the disease is not known, or the remedies are inoperative. The writer is of opinion that many of the cases of an aggravated character that have come under his notice have been injured by a system of constant drugging. Physicians have fallen into the grave error of prescribing diuretics for *almost all bladder diseases*, under the impression that, as the patient only passes a small quantity of urine at a time, the kidneys should be stimulated to secrete more. The fact is, that the bladder is in a weak and diseased condition, and incapable of discharging more than a small quantity at a time. There is more urine in the bladder than it can dispose of: hence the frequent and ineffectual attempt at urination. There is, so to speak, compensatory action—a frequent attempt to pass a little, because it is incapable of passing at longer intervals the normal but larger quantity. Why, then, in the name of common sense, excite the kidneys to secrete *more* urine, when the weakened bladder is already incapable of disposing of the

Spray treatment

Evil of constant drugging.

And of stim-
ulants.

smaller normal quantity? The kidneys are by-and-by overworked, and in their turn become diseased by diuretic medicines and stimulants.* The writer seldom sees a patient who does not say, "My doctor tells me to drink gin." One doctor advises "whisky"; another orders the patient "abroad, to drink the waters," these waters being usually irritating alkaline diuretics, according to the locality selected. It would appear most unreasonable to whip and spur a horse already jaded from overwork: common sense would dictate rest, which always does good; but, as your bladder is weak, the doctor whips up the kidneys by drugs, and the alcoholic drinks recommended, to secrete (manufacture) more urine; and thereby the poor crippled bladder (which is incapable of disposing of the normal quantity) is actually made to work more in a diseased and enfeebled condition than in a sound, strong, and healthy state of the organ.

Causes of
bladder
diseases.

The causes of these terrible diseases are numerous, and when weakness exists these causes may actively operate with serious effect. Among the superinducing or exciting causes alluded to, the following may be mentioned, viz., wet feet, lying or sitting on damp ground (particularly in females during certain periods), sitting for a lengthened time in damp clothes, suppressed skin action, as by sudden exposure from heated and crowded apartments to the cold air, sleeping in sheets not properly aired, indiscretion in early life, gonorrhœa, neglecting to empty the bladder through modesty or otherwise, using strong or improper injections (particularly in the male sex), drinking large quantities of wine or beer, taking diuretic medicines for a lengthened period, &c., &c.

Chronic
cases.

When the bladder becomes *chronically* diseased, in either sex, it is one of the most distressing cases a physician can have to deal with, (1) on account of the indescribable discomfort experienced by the patient, and (2) because of the physician's inability (by the usual methods) to afford relief. Chronic disease of the bladder,

* The medicines usually prescribed are Buchu, Uva Ursi, Pareira Brava, Triticum Repens, Copaiba, &c.

as of other organs, more usually follows a previous acute attack, from whatever cause, and is accelerated, of course, by any neglect, or unsuccessful treatment; especially where the more usually adopted medicinal remedies are applied—*remedies which reach the diseased organ only after they have lost their virtue and efficacy*. The familiar illustration of food introduced into the stomach may here be mentioned. It is well known that food undergoes, in the stomach, a variety of chemical changes. It is conveyed thence to the first portion of the small intestine, and is there acted upon by biliary matter and pancreatic juice. From the small intestine, the *chyle* (the name given by physiologists to the food in this stage, and so called from its resemblance to milk), is absorbed by the lacteals through the *mesenteric glands*. During its passage through these glands another change takes place, and ultimately it mixes with the venous blood and is conveyed to the right side of the heart, thence into the lungs, where it undergoes another chemical change. The blood is then conveyed to the *left* side of the heart, altered from a blue (venous) and impure kind, into a bright red (arterial) and pure kind, and thence, by the general circulation, to the kidneys and all parts of the body. So, likewise, medicine (taken into the stomach), following the course of the food, reaches the kidneys, where, with the food, it undergoes further change, and combines with the urinary secretion. Thus deteriorated (as to its medicinal properties) by its circuitous course, the medicine reaches its destination, but only to be speedily expelled as urinary secretion unfit for any other purpose in the economy. The only possible exception to this is where the medicinal remedy is supposed to act, and acts, powerfully as a specific. Clearly, the treatment most likely to be successful is the one which enables the physician or surgeon to reach the organ, and to attack its diseased part, by direct means, locally,—as is done by the writer's method of treatment of cases of diseased bladder.

Mistaken
remedies.

Local
remedies.

For upwards of thirty years the writer has drawn

attention, by public lectures and otherwise, to the cure of consumption, asthma, and bronchitis, *by inhalation*—in other words, communicating *the healing agent direct to the lung structure itself*, by the process of breathing.* His successful application of this in practice was so great as to suggest with obvious force that the *supposed incurability* of bladder diseases might, not unreasonably, be attributable to what may be termed the *indirect attempt at cure*, that is, in administering medicines which reach the diseased organ only by the circuitous route above mentioned. Hence, in his own practice, *he applied another mode of treatment, and finally invented a very simple apparatus*, by which, without much pain, and with but slight inconvenience to the patient, *a medicated spray* may be showered (so to speak) *upon the very spot which is diseased*. To this method of direct application of various suitable medicaments to the inner lining or surface of the viscus itself, he attributes the great success which has attended his treatment of such apparently hopeless cases as were many of those detailed in the present edition.

Direct application.

By the medicated spray.

* See Published Cases.

PART II.

ANATOMY

OF THE

BLADDER & PROSTATE GLAND.

To enable the reader to understand the writer's local treatment of the Urinary Bladder and Prostate Gland, a brief account of the anatomy and relative position of the organs concerned is here introduced.

I.—THE BLADDER.

The Urinary Bladder is a reservoir for the urinary secretion, which enters it, drop by drop, from the kidneys, through the ureters, one on each side. The Bladder is situated, when empty, within the pelvis. In the male, the neck of this viscus is surrounded by the Prostate Gland (hereafter to be described); behind the Bladder is the rectum. In the female the uterus is situated between the Bladder in front and the rectum behind. The Bladder is a musculo-membranous bag, and is formed of three coats—a peritoneal or external, a muscular or middle, and a mucous or internal coat. The peritoneal covering forms the false ligaments of the Bladder, and assists in keeping the organ *in situ*. This covering is reflected

Situation of
the bladder.

over the Bladder in such a manner as to leave a considerable space, in front and below, *uncovered*. When inflammation of this covering, or membrane (as it is called) occurs, it spreads very rapidly and dangerously. A wound penetrating the peritoneum produces acute inflammation of it. Nature seems to have anticipated that the Bladder might require to be punctured when the urinary fluid could not escape through the natural outlet, and has wisely left two spaces, one anteriorly, and the other inferiorly, *uncovered* by the peritoneum. The surgeon takes advantage of his knowledge of this fact, and occasionally punctures the Bladder in one or other of these spaces for the relief of the patient, as becomes necessary in Stricture of the Urethra, thereby avoiding the necessity and danger consequent on injuring this sensitive peritoneal membrane. The muscular or middle coat is formed of pale involuntary muscular fibres, and is much thicker than the (external) peritoneal or (internal) mucous coat. The muscular coat forms a thicker portion of muscular arrangement on the external part, called *detrusor urinae* (*detrudo*—to thrust out) which expels the urine. There is also a marked band of muscular fibres around the neck of the Bladder, forming a sphincter, and called *sphincter vesicae*. The Bladder in a normal condition is capable of holding without inconvenience *about a pint of urinary fluid*. In obstructive disease of the organ, as Stricture, Stone, and Prostatic enlargement, the muscular coat becomes immensely hypertrophied (thickened). Cases are recorded where the muscular coat has become an inch in thickness. The muscular coat of the Bladder, like the muscular structure of the heart or any other part of the body, increases in proportion to the exertion the muscular fibres are called upon to perform. Muscular fibres are added to them, just as happens in the muscles of the arm of the blacksmith who uses his heavy hammer, or in the extremities of an opera dancer, whose *gastrocnemii* (muscles of the calves of the legs) are seen to be so fully developed through the exertion of dancing. This muscular coat

(as, indeed, the mucous and peritoneal coats also) is capable of considerable distension. The Bladder becomes distended by its contents occasionally so as to reach as high as, and to be distinctly felt at, the umbilicus (navel). One case related in this edition (Case of H. H.) is a very striking one. It came under the writer's notice in 1873. He drew by catheter one hundred and twelve ounces of urine (5 pints and 12 ounces). There are cases on record where the human Bladder has been distended to an even greater extent.

Capacity of
the bladder.

The cause of this accumulation was due (as will be seen by referring to the Case) to retroversion of the womb, which pressed on the neck of the Bladder. In this case the whole of the coats of the Bladder were uniformly distended. The viscus occasionally becomes distended in an irregular manner into pouches or bags, as happens in obstructive disease of the Urethra through Stricture or enlarged Prostate. This condition is called "Sacculated Bladder." The mucous membrane insinuates itself between the layers of the muscular coat, forming two or three large Sacculi, or a great number of small ones. The noted CIVIALE, of Paris, had a bladder in his possession covered with these, so as to resemble a bunch of grapes. PLANTER saw one bearing thirty-nine sacs—each one containing a calculus. They generally contain urine or muco-pus, and occasionally give rise to serious inconvenience, because the contents cannot always be emptied by catheter owing to the orifices of the sacculi being closed by bands and valve-like formations. The mucous membrane frequently becomes disorganized, giving rise to symptoms of retention accompanied by considerable constitutional disturbance. The fluid, moreover, infringes upon adjoining viscera, occasioning serious discomfort, especially so on the rectum, which is immediately behind the Bladder.

The mucous membrane, or inner coat (third coat), lines the whole of the interior of the Bladder. In health the inner membrane is soft and smooth, and of a pale rose colour—it is studded with minute follicles, most numerous

The mucous
membrane.

Its con-
tinuity.

Bladder
disease may
give rise to
disease of
the kidneys.

near the neck of the Bladder, the whole surface being covered by epithelium. When the bladder is empty it is thrown into internal folds, or wrinkles—when distended, this arrangement accommodates itself to a larger quantity of urinary fluid. The mucous membrane extends upwards from the bladder into the ureters (two small tubes conveying the urine from the kidneys into the bladder). It is on account of this continuity of mucous membrane that it not unfrequently happens that patients suffering from urethral, prostatic, and bladder affections, die from kidney disease. The writer has frequently traced “Bright’s disease of the kidneys” to this cause, and thinks it very probable that the yellow granular degeneration seen after death in kidney disease, results from chronic stricture of the urethra, and kindred specific affections of the prostate gland and bladder. It must not be supposed that because stricture and other diseases do not co-exist with “Bright’s disease,” that these diseases were not the *cause* of the kidney mischief. Pulmonary consumption, for instance, often begins in the form of nasal catarrh, but, by the continuity of the mucous membrane it travels into the throat, from the throat into the larynx, and then into the lung structure, and rarely ceases till it destroys life. The disease, so to speak, *creeps down insidiously from the nose* into the lung tissue. What occurs in the nasal, laryngeal, and pulmonary tract of mucous membrane, happens also in the genito-urinary tract. A gonorrhœa (acute inflammation of the urethral canal) leaves a slight gleet (chronic inflammation of the mucous membrane of the urethra). This gives no inconvenience, probably for twenty years or more, but it gradually results in stricture, or implicates at once the prostatic portion of the urethra, occasioning inflammation of the prostate (prostatitis). This gradually extends into the bladder; from the bladder it travels up the ureters into the kidneys, constituting “Bright’s disease.” Outwardly, the mucous membrane extends from the neck of the bladder, lining the canal over the prostatic portion of the urethra and from thence

throughout the whole length of the canal to the meatus (entrance of the urethra), where it becomes continuous with the skin. The mucous membrane all over the interior of the body, whether it be in the mouth, the stomach, the lungs, or other parts, serves as a protection to the deeper parts, as the skin on the exterior of the body serves as a protection to the sensitive true skin below.

There is another arrangement of the mucous membrane which is smoother, void of *rugæ*, and far more sensitive and vascular, called "*trigone vesicale*"—a triangular space close to the neck of the bladder, and situated on the most dependent part. If there be a stone in the bladder it gravitates on to this sensitive space, so that when the bladder is empty, the foreign body occasions considerable inconvenience, until the urine intervening drop by drop between the mucous membrane and the stone serves as a temporary buffer. The pain on this account becomes less as the urine is secreted, until the next act of urination removes the intervening fluid buffer, when the stone again worries the sensitive "*trigone*" by coming into more immediate contact with it. The ease which patients afflicted with stone experience in the recumbent posture, in bed or on a sofa, compared with being in an erect posture, is easily explained on the same principle. The foreign body, when the patient is standing, or walking, or riding, falls by its own weight on this sensitive spot, while in the recumbent posture it rolls away from this sensitive "*trigone*" into the back part of the bladder, where the mucous membrane is less sensitive, and consequently a patient suffering from *stone* is *easy at night*, while a patient having *prostatic disease* is *always worse in bed*. The reader can readily understand that, as this spot has no *rugæ*, it would feel the effects of distension more than the rugated part—which (so to speak) need only be unfolded. The writer is inclined to think that distension of this sensitive smooth un-rugated spot gives rise to the natural desire to urinate. When a person does not respond to the dictates of nature in a reasonable time, this sensitive spot in the male is

Trigone
vesicale.

so stretched and disturbed, that it rarely recovers itself, and leaves a life-long recollection of disobeying the laws of nature.*

Blood vessels, lymphatics, and nerves of the bladder.

The bladder is largely supplied by blood vessels, lymphatics and nerves, which also supply the rectum, uterus and ovaries. This accounts in a great measure for a disease in the rectum, uterus, or ovaries, producing symptoms as of a bladder disease in the female, and of the prostate in the male.

Mistakes as to the seat of disease.

Some persons with disease of the prostate are more troubled with discomfort in the rectum than in the bladder. One patient consulted the writer some years ago for supposed disease of the prostate, and had been treated for such. His symptoms were essentially urinary, and with the exception of hæmorrhoidal discomfort, attended with frequent attacks of bleeding from the lower bowel, no one would have suspected that his urinary discomfort arose from the hæmorrhoidal mischief. On examination, it was found that the hæmorrhoidal veins were very large and congested, and as the treatment did not satisfactorily remove the bladder discomfort, the writer suggested a removal of the piles which was acceded to, and very shortly the urinary symptoms subsided.

Many similar instances have fallen under the writer's notice. One patient who was supposed to have a bladder disease (but had no bladder disease at all) was cured by the writer, of the supposed bladder inconvenience, by curing an ulcer in the rectum, which gave little or no inconvenience to the bowel. One lady who had miscarried a great many times, and had been unsuccessfully treated for uterine mischief, was soon cured of the tendency to miscarry by being cured of disease of the lower bowel. This is readily accounted for. The same nerves that supply the rectum, supply also the bladder, uterus, and ovaries, and are derived from a plexus of nerves called "hypogastric." When the rectum is diseased there is a sympathetic connection between the rectal branch of the

* The writer has cured several of these cases by the Spray treatment.

hypogastric and the vesical, uterine, or ovarian branches of the same plexus, as has already been mentioned.

Disease of the bladder, uterus, or ovaries, in like manner produces an *apparent* disease of other organs through sympathy, and without great care in diagnosing each case the effect may be taken for the cause and the patient treated for a wrong disease.

II.—THE PROSTATE, OR PROSTATE GLAND.

This is a firm, glandular and muscular body, peculiar to the male. It is situated in front of the neck of the bladder, and derives its name from a Greek word—*προστάτης* (that which stands before). It surrounds the neck of the bladder, so that the commencement of the urethra (proceeding from the bladder) passes through it. It is placed, therefore, deep in the cavity of the pelvis. It lies below the bones of the symphysis pubis, and behind a ligament called “triangular ligament,” a ligament which fills up a triangular space formed by the two opposite bones of the pubes, and from which it derives its name. The prostate gland rests beneath on the middle portion of the rectum—whence it is, that the surgeon can explore the dimensions of this glandular and muscular body by introducing the finger into the rectum (lower bowel). The prostate is formed of a right and left lobe, and a median portion. In shape and size the organ, in a normal condition, resembles a truncated cone, compressed from above downwards, and on that account it has been compared to an Italian chestnut, or ace of hearts—its base being turned backwards to the bladder, and the blunt apex forwards to the triangular ligament and that portion of the urethra called “membranous,” which joins the prostatic portion. The base of the prostate, its thickest part, is slightly notched in the middle and receives the common ejaculatory ducts from the testes and seminal vesicles. The size of the prostate varies considerably according to the age of the person. In early life it can hardly be discovered, and weighs a few grains. As puberty approaches, and the organ is

The
Prostate.

Its position.

Shape and
Size.

called into activity, it becomes larger, and in an ordinary adult it weighs from half-an-ounce to an ounce. After middle age, and in old age, it enlarges considerably, and in a diseased condition it assumes still larger dimensions—from the size of an orange to that of a cocoa nut. As the bones of the pelvis are in front of this organ, it cannot very well enlarge forwards, consequently it enlarges towards the bladder and rectum-structures which are soft and yielding, and offer no resistance—whence it is that the abnormal size which it reaches occasions such discomfort in both these localities. The Prostate is surrounded by a strong and unyielding fascia—pelvic fascia. When there is congestion or inflammation in this organ, or when, as sometimes happens, an abscess forms as the result of inflammation, specific or otherwise, it occasions one of the most painful diseases and gives far more discomfort than inflammation or abscess in other tissues not surrounded by bone and dense fascia. An abscess in a muscular structure, for example, has nothing to prevent its forming and pointing, consequently it soon gathers and breaks, which cannot happen in the organ under consideration.

Structure of
the Prostate.

The prostatic portion of the urethra is lined with mucous membrane continuous with the bladder behind, and the urethra in front. When the prostate gland is minutely examined it is found to consist (according to ADAMS) of muscular and glandular tissue. This muscular tissue forms an external layer below the fibrous capsule, and extends everywhere through the glandular substance—there is also a strong layer of circular fibres, continuous posteriorly with the vesical sphincter (a sphincter at the neck of the bladder which commands urination) and in front with a thin layer surrounding the membranous part of the urethra. The prostate gland consists of numerous small terminal follicles which unite into about twelve to twenty excretory ducts, which open by as many orifices on the floor of the prostatic portion of the urethra. This portion of the urethra extends towards the bladder and ends in a slightly rounded prominence, the

uvula vesicæ, seen on the floor of the neck of the bladder. The reader will now understand that the prostate gland is in close contact with the Bladder, and consequently, when it enlarges, it does so into its cavity and interferes with the function of urination—it surrounds that part of the urethra called (on that account) “prostatic urethra” which varies in length from a little more than an inch to an inch and a quarter, and extends as far as the membranous portion of the urethral canal—a frequent seat of stricture. Besides the excretory prostatic ducts that open into the prostate, there are seen at the base the openings of the ejaculatory ducts through which the seminal fluid is conveyed, to be further propelled by the functions attributed to this glandular and muscular organ during the act of coition.

Effect of its
enlarge-
ment.

PART III.

STONE:

Classification, Description, Symptoms and Diagnosis.

Stone in the Bladder the cause of great inconvenience and suffering—may be present though unsuspected—originates in Blood Disease—closely allied to Rheumatism and Gout—Deposits of Crystals in Kidneys and Bladder—Hygienic principles applicable as auxiliary means of Cure in early stages—Dietetic regime of great importance—Food—Drink—Air—Exercise—Gall Stones similarly induced—to be similarly dealt with—Direct means desirable—for example, Inhalations of Oxygen, etc., etc., an important element in the treatment.

Stone in the bladder generally the cause of painful suffering.

Sometimes without serious inconvenience.

STONE in the bladder is specially recognised as the cause of the most painful suffering. Some calculi, owing to their rough and irregular surfaces, cause more suffering than others. Oxalate of lime or mulberry calculus—so called from its being tuberculated like a mulberry—produces more inconvenience than other calculi, which are smooth though larger. In many notable instances, however, very large calculi have been known to reside in

the bladder for a lifetime, without serious inconvenience. Mr. CADGE, of Norwich, made a *post-mortem* examination on an old man who died of abdominal aortic aneurism, and discovered, accidentally, that the bladder contained a large stone, composed of *lithic acid*, weighing nearly nine ounces, and, still more remarkable, "the bladder was found healthy, and the mucous membrane pale." This patient had been attended by Mr. CADGE, on and off for years, but so little trouble did the stone cause that "neither doctor nor patient was aware of its presence."*

Occasionally
unsuspected.

Two instances are within the writer's own experience. One is E. B.'s case (see Case No. 1). At first stone in the bladder was suspected, but the patient's recovery suggested doubt as to the accuracy of the diagnosis of the case, it being thought, naturally enough, that he could not have recovered had a stone been imprisoned in his bladder. Contrary to the writer's otherwise invariable practice, wherever any doubt exists, the patient in this case was not sounded for stone, his urethral canal being so unnaturally small as to refuse admission to the smallest instrument for sounding. The applications used in his case were administered through the smallest French catheter. Happening to be in town some considerable time after his recovery he called upon the writer, and said there was nothing the matter with him, but that he occasionally felt something roll about in the region of the bladder, without pain. He consented to the introduction of one of ORIS's smallest silver instruments, and, after a good deal of difficulty in passing it, a large calculus was discovered as unmistakably present. This gentleman, however, still believed otherwise; and in reply to a letter urging him to come to town to have the stone removed, he wrote (under date 16th August, 1889): "I cannot make up my mind that I have stone: it seems to me that if I had I should necessarily be more plagued than I am." The writer is, nevertheless, *confident* that a stone existed in that case, though the spray treatment adopted so lessened the

Cases in
point.

* See *Lancet*, April 5th, 1878, page 472.

Stone mis-
taken for
other
diseases.

Sounding.

irritability of the mucous membrane of the bladder that the calculus resided harmlessly therein without injuring the viscus. Professional gentlemen reading this will, perhaps, doubt the fact, and not unreasonably. The writer's extended experience in this speciality alone enables him to accept the conclusion as accurate—otherwise to himself also it might have appeared to be as unreasonable to expect subsidence of the symptoms of cystitis (inflammation of the bladder) while a stone existed in the bladder, as of the inflammation of the eye containing foreign matter. The truth is, that although the symptoms of stone are generally very well marked, there are, nevertheless, many cases (and many which the writer has had to treat) where stone had not been suspected, and consequently, not discovered, until the process of "sounding" had revealed it. Many persons pronounced "incurable" have, in fact, simply been treated as suffering from "nervous irritability of the bladder, diabetes—Bright's disease, uterine disease," etc., etc. Very recently a patient came to the writer in great distress who had been indoor patient for many weeks in St. Bartholomew's Hospital, and in the Hospital for Women, Soho Square, and treated in both institutions for disease of the womb—the cause of disturbance and distress being, in fact, a stone in the bladder, weighing two ounces and three-quarters, which the writer removed in the presence of several medical gentlemen in one hour and thirty-five minutes.* The late ROBERT LISTON used to say that whatever was the matter with the bladder it should always be carefully "sounded." There are many cases of stone in the bladder, and especially cases attended with hæmaturia (bleeding from the bladder), where the stone is hidden by clotted blood—villous tumour, a growth in the bladder, enlarged prostate, etc., etc.—cases in which the stone has not been discovered till after death. John Hunter discovered 20 stones in one bladder not discovered during the patient's life time! Patients might, undoubtedly, in many cases, be spared an untimely

* Case of E. H. (see Cases, No. 13.)

death, while in others (as in a case reported by Sir Henry Thompson),* though suffering from incurable malignant disease of the bladder, the sufferings would be mitigated, by the removal of a stone.

In the other case alluded to (Case of I. B., No. 26) the patient was virtually cured of all his distressing *symptoms* of stone, and continued well for a considerable time, notwithstanding a stone was present in his bladder, and until the writer discovered the foreign body, and provoked inflammation and discomfort in the bladder, in the process of getting the exact dimensions of the stone, the patient was well satisfied with the cure. Since then the patient has had the stone removed, thus proving the writer's diagnosis of his case to have been correct. Unquestionably, the treatment in both the cases referred to produced a healthy condition of the mucous membrane, and rendered it tolerant of the calculus, just as the *constitutional* peculiarities in the case related by Mr. CADGE permitted, for a life time, the residence in the bladder of a large stone, weighing nearly nine ounces!

Occasional
tolerance of
stone.

Another patient (the late Mr. SALMON, of Tooting), was repeatedly told by Mr. YELDHAM, surgeon to the Homœopathic Hospital, Gt. Ormond Street, whom he had consulted, that in his case no stone existed. The writer, after only a cursory examination, felt assured that a large one was present. But the surgeon's adverse opinion prevailed, with the additional advice to "have nothing to do with JONES." Consulting the writer again, after years of intense suffering, the opinion was repeated, and the process of "sounding" recommended, but the patient recoiled from it. Soon afterwards, while the writer was in Paris, the patient became suddenly worse, and Mr. SAVORY, surgeon of St. Bartholomew's Hospital, was consulted. The patient was sounded and the writer's opinion verified, but the patient was advised that at his age (80), if either "cut" or "crushed" he would succumb.

"No stone
present."

Writer's as-
surance to
the contrary.

* See Practical Lithotomy and Lithotrity, by Sir Henry Thompson, page 198.

Death,
which might
have been
avoided.

Subsequently, getting still worse, he was operated upon by another surgeon (Mr. WALTER COULSON, surgeon to St. Peter's Hospital), and died under his treatment. The writer ventures to affirm that if this patient had been left under his care, and unbiased, his life might have been spared, his stone being removable by a method of treatment free from the dangers attendant upon the ordinary methods. Others more seriously afflicted and older than the late Mr. SALMON was, have been similarly dealt with and cured (one still living, 86 years old).* Moreover, in cases of stone in the bladder amenable neither to lithotomy (the cutting operation) nor to lithotripsy (the crushing operation), the treatment adopted by the writer has been found useful, not only in prolonging life, but in greatly ameliorating the suffering even in the very worst cases.

Thus much as to the oft-times actual presence of stone in the bladder, though unsuspected. In the majority of cases, however, as soon as stone is formed in the bladder it worries the patient greatly in its repeated attempts to gain exit at each act of urination. The pain occasioned soon draws attention to its presence. When the bladder contracts during the expulsion of the last drops of the urine it grasps the stone, which, by its own weight, falls on the sensitive triangular spot of the viscus, called "trigone vesicale."

Stone originates in the blood

Stone in the Urinary Bladder, especially *lithic acid* and *oxalate of lime*, like stone in the gall bladder, originates unquestionably in blood disease. It is, in truth, an effect rather than a cause. The history of its formation may be stated thus:—The kidneys are the elaborators of urine, which urine they secrete from the blood. The blood is loaded with *lithic acid* or *oxalate of lime*, as the case may be, which nature is trying to depurate as excretory matter through the kidneys. In other words, stone could not be formed unless the various functions in the

* See Cases, Rev. J. B. and Mr. W. C. L., Nos. 21 and 22.

body failed to get rid of this morbid product by the process of combustion, respiration, and transpiration. It is notorious that "high" livers, and persons of sedentary habits, are more prone to calculous diseases than those who live moderately and take much exercise.

Rheumatic and gouty persons are within the same category. Gout and rheumatism are, indeed, also blood diseases, the blood being loaded with *lithic acid* and other morbid matters which nature fails to get rid of. Stone, moreover, frequently exists in association with rheumatism and gout. In some instances the rheumatism or gout may predominate, while in others the calculous tendency may be most apparent. Gout, rheumatism, and calculous diseases are really so allied that it is just an accident which of these diseases may most assert its power. One develops itself because there is a particular weakness and tendency to gout or rheumatism; or stone in the bladder becomes the prevailing disease because of the preponderance of weakness in the genito-urinary tract. But so closely are they allied that the one often co-exists with the other. While the urinary fluid is secreted in the kidneys it becomes concentrated, and one or more crystals are formed—layer after layer becomes deposited on the fragment, which increases in size—the crystal soon becomes too large for the space in which it is located, hence it becomes dislodged, and seeks a larger residence in the pelvis of the kidney, and eventually is deposited in the mouth of the ureter (the tube which conveys the urine drop by drop into the bladder), and from thence, in favourable cases, it is conveyed into the bladder. From the bladder it, in like manner (in favourable cases), passes away with the urine without further inconvenience. If, however, instead of being carried away it becomes imprisoned in the bladder, it forms a nucleus for additional layers of morbid product from the urine to be deposited upon, and in this manner it increases in size, occasioning more and more discomfort.

Gout, rheumatism, and calculous diseases closely allied.

Gravel.

It not unfrequently happens that some patients pass large quantities of gravel, in the form of cayenne-pepper-like crystals, or "brick-dust" sediment, and, it may be, for many years without being much inconvenienced by it. These crystalline gravelly substances, or amorphous "brick-dust," sediment, deposit themselves in the bottom of the chamber utensil. Other forms of gravel, varying in colour and chemical constitution, frequently present themselves, which are typical of different calculi, such as phosphates, and their various compounds of ammonia, soda, magnesia, lime, mixed phosphates (fusible calculus).

The rarer forms of calculi need hardly be mentioned, which are associated with deposits of silicious matter—cystic oxide, xanthic oxide, etc. Fibrinous calculus, described by the late Dr. PROUT; uro-stealith calculus, described by HELLER, in 1884, and Dr. MOORE, of Dublin, as well as blood calculus formed of blood corpuscles and phosphate of lime, found in the kidneys of consumptive people, are so rare as not to require comment in a work intended as much for popular as for professional perusal.

Every now and then, instead of passing into the bladder in the form of cayenne-pepper-like crystals, a fragment or crystal becomes *lodged* in the kidney, and while there receives additional deposit from the urinary secretion, until it attains large dimensions. In favourable cases this is dislodged, and forces its way into the bladder, through the ureter. This occasions excruciating agony and is called "passing stone from the kidney." In some instances this occasions more acute physical suffering than stone in the bladder. When the stone is within reach, as it is when in the bladder, it can be got at and the patient's sufferings relieved; but when, as sometimes happens, it becomes so large as not to be able to pass from the kidney along the ureter, the difficulty in treating the case is increased. Until quite recently cases of this kind were looked upon as hopeless, but now the calculus is sometimes removed by operation. The writer sees no reason why this operation should not be

Passing
stone from
the kidney.

Removal of
stone from
the kidney.

performed more frequently than it is if the impacted stone is large, prominent, and easily cut down upon. But even in these extreme cases much might be done to alleviate the suffering and dislodge the imprisoned calculus from its position—in other words, so to reduce the size of the stone as to allow it gradually to glide along the ureter into the bladder. Of course, while out of reach nothing can be done with the impacted stone, save the operation suggested; but once brought into the open field (the bladder), it can then be effectually dealt with. Such cases are, however, usually regarded as hopeless by the Profession.

Treatment
in extreme
cases.

Several of such cases have been treated by the writer. In this part, dealing with “general considerations” only, the following may sufficiently indicate the reasoning pursued:—The blood is the *cause* of the mischief: it is loaded with the elements of *lithic acid* ($C_5 H_4 N_4 O_3$), which compound is derived from what we eat and drink, and it is allowed to accumulate and concrete into crystals, because there is not a sufficiency of watery material to hold it in solution, or of oxygen in the body to burn it into soluble *débris*. It is inspissated urinary product. Abstaining from articles of food and drink which abound in hydrogen and carbon, such as spirits, wine, fat, sugar, &c., and which consume a large quantity of oxygen taken into the system, will assuredly occasion a more perfect combustion of *lithic acid*, and prevent ready deposition on the surface of the calculus. Another view leads to similar conclusions:—Some physiologists and physicians say that persons suffering from calculous diseases should abstain from animal food which abounds in nitrogen. This would, no doubt, have a beneficial effect, because thereby the oxygen in the system would be better able to burn up the ternary compounds just spoken of, viz., spirit, fat, &c. Abstinence from the *ternary* compounds would, nevertheless, form a better dietary, as patients advanced in life can more readily subsist on the quarternary (nitrogenous) compounds (O. H. N. C.), such as animal food, bread, eggs, milk, &c.,

Diet—what
to avoid.

than upon the ternary (o. h. c.) or vegetable elements ; the sole object being to occasion perfect combustion, and thus get rid of the superabundant *lithic acid* which forms the calculus, and for the same reason which led physicians some years ago to administer lemon juice as a remedy for rheumatism, viz., on account of its being highly charged with oxygen, which helps in the process of combustion, and thus renders more soluble the *materies morbi* occasioning rheumatism—*lithic acid* ($C_5 H_4 N_4 O_3$). Dr. CARPENTER, in his work on Physiology (page 627), alludes to this circumstance. He says :—" Thus, then, we have seen that the kidneys serve as the special instruments for depurating the blood of those highly azotized compounds (nitrogenous, fleshy, and albuminous foods) which are formed in the system by the decomposition of the materials of the albuminous and gelatinous tissues, and also by the non-assimilated components of the food. We have seen also that they serve for the removal of certain compounds, of which carbon is a principal ingredient ; and these although normally present in but small amount, may undergo a marked increase in disease, especially when the liver is insufficiently performing its function, or the respiratory process is obstructed." Whichever view is taken, the application of these dietetic principles will most assuredly aid in the object to be gained, it being well known that the liver as well as the lungs and the skin get rid of a large quantity of carbon.

Dr. Carpenter's view.

Drinks—
inhalation of
oxygen gas.

Drinking largely, and for a long time, water impregnated with compounds containing oxygen, in the form of lemon juice, or citric acid ($C_6 H_8 O_5$) or inhaling oxygen gas—often administered by the writer with most beneficial results—must, in the course of time, burn up the lithic acid, reduce the size of the stone, and allow it to descend into the bladder.

Experience has proved this to be true in respect of rheumatism and gout affections ; and the writer firmly believes that if the principle of this remedy were more extensively and perseveringly applied in cases of impacted stone, it would prove as beneficial and successful in

other hands as it has in his own. For the same morbid product which induces rheumatism induces stone in the kidneys also, viz., *lithic acid*—and the same law holds good respecting the action of water (if distilled) on a stone in the kidneys, as is taught us by the old adage, “the constant dripping of water wears away a stone.” Observation, indeed, shows that water wears away stones far harder than a *lithic acid* calculus.

In several cases under the writer's treatment the stones were dislodged. In one the patient strictly followed, for nearly four years, the advice and instructions given, when, after repeated threatenings, the stone passed into the bladder. From that time the patient has had no further evidence of kidney trouble, and has actually recently made a wonderful recovery from an attack of hemiplegia (paralysis of one-half the body), though in his eightieth year. In another, a man forty-one years old, after observing treatment two years, was suddenly seized with violent pain in the left kidney, and along the course of the left ureter, and in about two days after he passed, while urinating, a good sized stone from the bladder. In a third case the patient, during a period of three years passed as many as 748 stones—the size of the stones becoming smaller each year, and necessarily less painful to the patient till ultimately he was apparently quite cured. That the treatment in these cases really caused the dislodgment, cannot, perhaps, be positively asserted; but reason and common sense, aided by chemical and physiological knowledge, lead one to suppose that the method of treatment adopted must have exercised considerable influence on the hitherto incarcerated enemy. It may, moreover, be confidently asserted that the treatment applied, and the dietetic directions observed, contributed to the successful result. It is equally clear that total abstinence from the elements that go to form *lithic acid* must have at least lessened further deposition on the surface of the already impacted calculi. In one case the continued deposit, extending over a period of four years, must have added considerably to the size of

Cases of
stone in the
kidney.

the calculus, had not the means adopted diminished its size, and so allowed it to pass into the bladder. This was effected without pain, thereby doing away with the supposition that dilatation or ulceration of the ureter had occasioned its descent. The constant dripping of water had reduced the stone, until it finally dropped into the bladder by its own weight. As other calculi have not since been seen in the cases alluded to, it strengthens the opinion that the treatment adopted was curative and preventative.

The writer may, perhaps, be permitted to say in this place that if he should ever himself become the subject of the like disease, he would unhesitatingly adopt the like treatment, with full confidence in its success.

Alkaline
treatment of
rheumatism.

Another treatment for rheumatism is the alkaline, such as potass and soda. Patients get well under this treatment also, because alkalies dissolve *lithates* and *lithic acid*. Where patients dislike acids the opposite plan of treatment might be employed. Patients go to the German and other Spas for rheumatism, stone in the bladder, and allied diseases and gain benefit. They are required to avoid stimulants, fat, etc., compounds of carbon, oxygen, and hydrogen (the ternary compounds), and to drink the alkaline and saline waters containing potass, soda, etc., which prove beneficial on the principle above referred to. In some cases a very long-continued use of these remedies is needful to produce the requisite change.

Hydropathic
treatment.

Hydropathic treatment also does good in these cases; and for precisely the same reasons. Patients abstain from fat, sugar, spirit, wine, etc., etc., and thus the great *lithic acid* feeders are effectually burnt up. A large quantity of pure water being conjoined, the blood becomes purer, and the insoluble *lithic acid* is rendered soluble. Exercise also is enforced, by which oxygen in large quantities is taken into the blood. Moreover, the skin is excited to get rid of hydro-carbonaceous compounds—*lithic* and *lactic acids*—which pass as effete matter through the numerous miles of tubules in the skin, and the result is, that patients return to their more town-like homes very much better for the treatment.

Exercise, etc.

But, whether hydropathy be resorted to, or the "Spas" treatment, a few weeks or even months will oft-times be found insufficient for the purpose intended. Before rheumatism, stone, or gout clearly develop themselves the morbid products accumulate little by little, year after year, for perhaps, ten, fifteen, or twenty years. It would therefore, be unreasonable to expect a cure within a few weeks, by such means alone. To cases of "gall-stone" the writer has likewise applied the treatment above alluded to with perfect success. In such cases the patient's biliary secretion (gall or bile) becomes very thick, containing too little water; in other words, it is inspissated, and ultimately concreted, and "gall-stones" are formed. Reason alone suggests that thinning the blood, by drinking large quantities of pure water or some other harmless fluid, must prove beneficial. This happened in the cases above referred to. Viewing stone in the urinary bladder in the same light as gall-stone in the gall-bladder, viz., as being originally a blood disease, the writer has, as another element in, or part of his method of treatment largely administered remedies by inhalation into the blood, as oxygen, etc., etc.,—to prevent a recurrence of both morbid secretions, and patients have derived considerable benefit from such method of treatment. For external diseases, including every form of skin affection, it has also been applied extensively and with marked success. All forms of skin diseases from a rash to pimples, boils, and carbuncles, evidence some blood impurity, and to all such the writer unhesitatingly recommends and applies medication in a direct manner into the blood. Are not zymotic diseases, such as small pox, scarlet fever, measles, and fevers generally, taken into the blood by inhalation? Ague and fever poison, common in the tropics, are also taken into the blood by direct inhalation.

Slow development of morbid products.

Thinning the blood.

Efficacy of inhalation.

If, therefore, infinitesimal matter thus taken into the blood—small pox for instance—be so potent in inducing disease, why should not remedies for skin diseases, though administered infinitesimally by the process of

inhalation, be equally efficacious in curing disease? Whence comes the renovating power of the seaside or mountain top? It is the pure air highly charged with oxygen, iodine, bromine, etc.—these elements go into the blood and by direct contact purify it—through the very channel ordained, and through which alone the vital fluid can be properly purified. Away then, with your “blood mixtures,” quinine, and tonics swallowed into the stomach, frequently never (as medicaments) reaching the stomach at all.

Constituents
of calculi.

Calculi—commonly called stones—have been classified as Primary and Secondary. The primary are those which form in the kidneys, and are secreted direct from the blood, viz. (1) *lithic acid*, which was discovered by SCHEELE in 1776, and is composed of carbon, hydrogen, nitrogen, and oxygen, in the following chemical proportions, $C_6 H_4 N_4 O_8$; and (2) *oxalate of lime* discovered by WOLLASTON in 1797—a combination, as will be seen, of oxalic acid ($C_2 H_2 O_4$) and lime ($C_a O$) represented chemically as follows—($C^a C_2 O_4$). This, from its resemblance to a mulberry, has been called “mulberry” calculus. The secondary are *not* formed in the kidneys, but, as their name implies, secondarily in the cavity of the bladder—from the urine. A morbid state of the bladder, and its appendages, occasions retention of urine in the bladder, which urine becomes decomposed into ammonia ($N H_3$) and other compounds.

In the mucus of an inflamed bladder is found also phosphate of lime ($C^a_3 P_2 O_8$). This combines with phosphate of magnesia ($M^g_3 P_2 O_8$), a constant urinary product.

All these compounds chemically combine with each other—the result being the formation of a stone called “triple phosphate” or “ammonio magnesian phosphate” ($NH_4 M^g PO_4$). These secondary calculi frequently co-exist with prostatic disease. The prostate gland becoming enlarged forms a mechanical impediment to the flow of urine which, kept in the bladder, becomes stagnant and decomposes—and hence, as already described, secondary calculi form.

The calculi most frequently coming under the surgeon's notice are of three kinds : (1) lithic (or uric) acid calculus ($C_5 H_4 N_4 O_3$), forming about three-fifths of all the calculi ; (2) phosphatic calculus—a combination of phosphoric acid (H_3PO_4) with the volatile alkalies and the alkaline earths, forming about two-fifths ; and (3) oxalate of lime ($C^a C_2O_4$), or mulberry calculus, forming about three per cent. only.

Some authors say that lithic acid calculi form fully ninety per cent. of all the calculi—and the writer's

Lithic acid
calculi.

experience confirms this estimate as being much nearer the truth than the three-fifths given by more recent authors. Persons subject to this form of stone have usually good general health, look hale and hearty—"the picture of health"—the urine is free and abundant in character, and the individual comforts himself in this, and tells you with an air of satisfaction that he is "all right" and can "eat and sleep like a child." He tells you, nevertheless, that he has been passing gravel for months in the shape of cayenne-pepper-like crystals.

These form in small or large quantities, according to habit and circumstances, and, it may be, have been passed without inconvenience. They are formed in the uriniferous tubes, at their orifices and around them, and in the calices of the kidneys. So long as these crystals continue small and pass with freedom, things go on seemingly right enough. By and by, however, the crystals become larger, aggregate in greater quantities, and infringe on the functions of the kidneys, thereby occasioning irritation and inflammation, followed by a sense of pain in the back—temporary inflammation is established, causing great discomfort, and until the crystals are dislodged, the patient suffers great inconvenience. Occasionally much larger crystals form which inflame and distend the mucous lining of the kidneys, and stretch the tubes of the organs as they endeavour to dislodge themselves. This occasions a flow of blood, at first in very small quantities, and recognizable only by microscopic examination. A larger fragment than usual not unfrequently calls the patient's attention

Formation of
crystals.

Develop-
ment of
stone.

to his condition—he is suddenly seized with violent, cutting, tearing pain in the urethra—the flow of urine is somewhat impeded—he passes blood in visible quantities, and then sends for the doctor, who finds that a small irregular sharp-edged fragment of uric acid is lodged in the urethra. Sometimes the fragment is violently expelled during the act of urination, and, to the patient's delight, rattles in the chamber utensil. This, however, is only the commencement of his troubles. He must be told that he may have a similar impaction in the ureter, attended with far more inconvenience. Or, he may have a fragment in the structure of the kidney itself, which refuses to be dislodged and this is much more serious. If it become free and descend into the bladder, he will have much to be thankful for, since it is then within reach, and can be dealt with.

Occurs at
any period
of life.

Stone in the bladder may occur at any period of life, from childhood to old age. It is very common among children of the poorer classes. Fully one-half of the cases admitted into Guy's Hospital are children from the very poorest districts, and consequently among the worst fed. It very rarely occurs among children of the well-to-do, but is very common among the middle and upper classes, between the ages of 50 and 75.

Symptoms of
primary
stone.

The symptoms of primary stone, or renal calculus, during its journey from the kidney to the bladder are, as already stated, indicated by severe cutting pain in the loins and along the ureter, attended with considerable constitutional fever. When a rough stone, such, for instance, as a mulberry calculus, descends, it passes with considerable difficulty. After some nephritic irritation the patient is oftentimes suddenly seized with excruciating agony in the loins, along the groin, and to the testicle of the corresponding side, which is often retracted. This is accounted for by sympathetic irritation of a small nerve in front of the spermatic cord—the genital branch of the genito-crural nerve. There is also sympathetic pain down the thigh. The writer has seen patients roll on the floor in agony, cold sweat mean-

Stone in the
bladder.

while pouring down their faces. In the same circumstances the patient may also vomit violently, through nervous sympathy with the pneumogastric nerve. There is bloody urine from irritation of the bladder, constant micturition, and sympathetic pain at the end of the penis for about an inch from the entrance of the urethral canal, also in the lower boundary of the abdomen and pelvis. This pain is frequently present in enlargement of the prostate, impacted stone in the kidney, chronic cystitis, cancer and villous tumour of the bladder, and indeed in almost every form of bladder and prostatic mischief.

When the stone is loose in the bladder the symptoms are not so acute. The stone rolls about and settles in the most dependent part of the bladder, behind the prostate, producing mechanical irritation of a part called *trigone vesicale*, a triangular vascular and sensitive spot at the neck of the bladder; the character of the pain is described as a dull wearing weight, extending upwards to the lower part of the abdomen and downwards along the perinæum. It occasionally extends down the thighs—and sometimes also shoots along the penis and fixes itself in the glans penis. Occasionally, too, there is remote pain in the knee, foot, heel, or even the arm. The patient feels worse when the bladder is empty, as the stone falls on the sensitive “*trigone vesicale*,” and the bladder, in trying to expel the last drops of urine, contracts violently on the stone, causing greater pain. As the urine accumulates in the bladder the fluid intervenes between the sensitive spot already spoken of, and the calculus, and relieves the pressure. The discomfort is always greater during severe exercise or quick movement of the body, as the foreign body shifts up and down during any kind of movement, and causes pain. Although pain during exertion is very symptomatic of stone in the bladder, still the writer can recall two instances where the patients were always better when walking about, and even when riding in omnibuses. Strangely enough, both these patients suffered more when in bed and resting in the recumbent posture. In cases of difficult diagnosis

When the
stone is loose.

As it increases in size.

this peculiarity must not be overlooked. Both the practitioners who had been treating the patients in question had assured them that they were not suffering from stone. As the stone increases in size, or becomes roughened by deposition, more irritation is established, the urinary secretion becomes cloudy, and mucus is deposited in the chamber utensil as evidence of cystitis (inflammation of the bladder). In some cases the practitioner is not unfrequently misled in his diagnosis owing to the urine being clear. It is so sometimes, when the stone is very compact, smooth, and small. The patient consults the doctor, not because of any great inconvenience but as for a slight "malaise," and there being no cloudiness or blood (almost always present in stone) the doctor mistakes the case, and the stone remains undiscovered.

Detection—examination of urine.

Some years ago the writer discovered, in a case of this kind, a small stone not larger than a horse-bean, which had, nevertheless, given great discomfort. The stone was at once removed, to the gratification of the patient, and annoyance of a local practitioner of considerable reputation. When there is any doubt about such a case a shrewd practitioner will never fail to institute a chemical and microscopical examination of the urine. This will most probably reveal blood globules and crystalline matter not visible to the naked eye. Should the above means not elicit a satisfactory diagnosis the practitioner proceeds to use the mechanical test, the "sound" as it is called, which is described by a French authority as a long finger which probes about in various directions, till it discovers the calculus, if any really exists. It is a matter of great moment to discover a stone early, while it is (so to speak) in its infancy, for then it can be at once dealt with. If allowed to remain, it grows and becomes more stubborn—and, of course, much more difficult to manage. This growth, almost unsuspected, usually occurs in persons who are tolerant of pain, and who have the appearance of sound health—the surgeon being thus thrown off his guard. He cannot, however, be too careful in cautiously and *thoroughly* examining every patient

The sound.

Wrong diagnosis.

who comes under his notice, whatever the nature of the case, or whatever his or her position in life may be. The writer well remembers a case in which he was materially guided to a successful treatment (giving him considerable reputation) by listening attentively to a long history given by the patient of her malady, which up to that period had been regarded as constipation and hæmorrhoids. She said (among other things), "I have a constant bearing-down pain in the lower bowel, as if I had something as large as a child's head there." This naturally enough suggested an examination of the rectum, the result being discovery of a large mass of feculent matter which must have been lodged there for a very considerable time. It was removed by mechanical means, though with unusual difficulty and under the influence of chloroform. Purgatives had been prescribed for some years by eminent physicians and surgeons, as well as by other medical men of repute, without any relief. No pains had been taken to examine the patient. If suffering from a sore throat she would no doubt have been politely requested to open her mouth, to "see what was the matter." An examination of the lower bowel was, however, a different affair, and so the poor woman suffered indescribable misery for years—misery, the *cause* of which might, if ascertained, have been removed in fifteen minutes. Resuming, however, the description of stone symptoms, it may be remarked that blood appears from time to time in the urine, and deposits with the mucus which is streaked with it. Occasionally blood appears in very large quantities, greatly alarming the patient. A patient declaring that he had none of the ordinary symptoms of stone (that which attracted his attention being the passage of a large quantity of blood) was treated as for rupture of a blood vessel in the bladder. "Sounding," however, at once discovered the cause of the bleeding, which soon ceased when the cause was removed. Patients suffering from stone are nearly always better in bed. The stone in these cases rolls from the sensitive neck to another portion of the bladder, and

Feculent accumulation mistaken for piles.

Symptoms of stone.

the discomfort ceases. As the patient gets into a standing posture the discomfort returns. In disease of the prostate, the patient is, on the contrary, always worse at night, and better in the day time. Another symptom of stone is this : while the patient is in the act of urinating, the fluid as it passes along the canal sucks the stone into the neck of the bladder and suddenly stops the flow of urine—the stone, however, soon rolls away by its own gravity, and the urine again flows without interruption.

Where some patients pass water while in a lying posture, the stone also rolls away from the direction of the current and the urine flows uninterruptedly. When stone occurs in children the symptoms are similar. Owing to the discomfort at the gland of the penis, children frequently get into the habit of constantly pulling the prepuce, whereby it becomes elongated and enlarged. In a case having none of the usual symptoms of stone, the writer was consulted for a habit the child had contracted from an early period of wetting the bed. Finding the usual remedies for such cases unavailing, and noticing the state of the prepuce, he “sounded” for stone, which was readily found. The process of “sounding” is after all that which gives the most positive indications of the presence of stone. A “sound” is a polished steel instrument shaped like a catheter, but with a much shorter beak and more acutely curved. It is introduced into the bladder more delicately by an experienced hand, and may be moved about in the bladder in all directions with little inconvenience to the patient. It has a bulbous portion at the extremity, the stem being made thinner for facility of movement in the urethral canal. If a stone be present it is reached in the majority of cases, and a distinct click or tap may be heard by both patient and manipulator.

Process of
sounding.

Examina-
tion by the
cystoscope.

Of late years, electricity—by means of the cystoscope—has been somewhat extensively employed as an illuminating medium for examining the bladder ; but the limited field of vision it affords, renders its adoption as

a diagnostic agent—except in some few obscure cases—of less value than was anticipated.

The old-fashioned “sound” was a very imperfect instrument, and the stone unless very large was not discovered. For the present instrument we are indebted to Baron HEURTELOUP. The bulb portion of the “sound” is thicker than the stem, and was introduced by the late Sir WILLIAM FERGUSSON. The greatest care and gentleness should be exercised in the use of this instrument, which should only be handled by an expert. When the patient is very sensitive to pain, it is better to administer ether and sound the patient most thoroughly while you are about it.

Although this physical test is as perfect as it can be when the stone is touched, there are notwithstanding instances where patients have given full evidence of calculus, yet when examined no stone has been discovered. There are other instances where able surgeons have discovered stone and have distinctly heard and felt it at the first sitting, but entirely failed to do so subsequently. The bladder sometimes acts towards a foreign body in a most eccentric manner—especially in sensitive persons. The writer on one occasion demonstrated to a certainty the existence of stone, and clearly made out the dimensions and nature of it in the presence of others who afterwards verified it, yet subsequently failed to discover the same stone, feeling confident that it was in the bladder notwithstanding. The bladder has peculiar movements of its own when under examination by instruments, and seems to secrete its lodger in a most tantalising manner, defying detection. Sir HENRY THOMPSON has appropriately called it “playing at hide and seek with you.” In these circumstances the administration of ether arrests this peculiar behaviour of the viscus and facilitates the discovery.

Difficulties
of discovery.

Stone in the female is by no means so common as in the male. The urethra in the female being larger and shorter, calculi of large size have passed without much inconvenience. Occasionally, however, the stone does

Stone in the
female
bladder.

not pass. In most instances of stone in the female occurring in the writer's practice it has happened in women who have had large families. The womb has been more or less displaced and the anterior wall of the viscus has been dragged into the vagina, forming a cul-de-sac. This condition—"cystocele," as it is termed—has given ready lodgment to the calculus which, on that account, has not presented itself at the neck of the bladder during the act of urination, and consequently has not been expelled as is most usually the case.

The womb in a normal position is situated immediately behind the bladder. When the bladder is distended, the womb which is in the median line alters the shape of the bladder, and projecting (so to speak) from behind leaves a cul-de-sac on each side of the median line. CIVIALE described this "bas fond" on either side of the central prominence. In women who have borne large families, and have gone a long time without emptying the bladder, the culs-de-sac on each side are considerably enlarged and dilated, consequently the bladder loses its contractile power. These two recesses behind, like that in front, frequently give rise to the lodgment of stone in the female bladder. One patient had been sounded by two eminent surgeons, both of whom said there was no stone. The writer examined the same patient and concurred in the opinion. The symptoms, however, pointed so strongly to calculus that on a subsequent visit he gave the patient ether, and a small stone was readily found in the left sulcus. The mucous membrane of the bladder was in a most irritable condition and rebelled persistently when the "sound" was used. Ether overcame the sensitiveness of the bladder. This patient had considerable displacement of the womb, which partly projected out of the vagina, serving as an impediment in discovering the stone. The truth is that in such cases the practitioner is easily misled. There is also another reason why stone in the female bladder is frequently overlooked. Women are very subject to displacement of the womb on to the neck of the bladder, giving rise to constant micturition

Mistakes in
diagnosis.

and not very subject to stone (for reasons already mentioned), and displacement of the womb is therefore the sole conclusion usually arrived at. This conclusion, pronounced in so many cases coming under the writer's treatment, had been arrived at in three of the cases Cases. reported in this edition. (Cases 13 and 15, and Case 62). In two cases the stone was discovered and removed, in the third the patient was perfectly cured of a malady to which she would have soon succumbed had the cause not been discovered and remedied.

PART IV.

SECTION I.

STONE: Its Treatment and Cure.

Treatment of
stone by the
ancients.

THE history of the various means employed in the treatment and cure of stone in the bladder dates from a very early age. From a remote period indeed and even to the present time, attempts have been made to dissolve stone by secret and other remedies administered in large quantities through the medium of the stomach. Besides medicaments thus administered, the operation of cutting for stone was also practised, and with considerable success, notwithstanding it was performed in a very primitive manner and by uneducated persons.

Rough
lithotomy
(cutting).

We have an account of this operation as early as the Augustine era—it having then already been performed some hundreds of years among the Greeks and Romans. HIPPOCRATES (B.C. 460) alluded to it in his works. He compelled his pupils to take an oath to the effect that they would not practise lithotomy, and advised them to leave it to those who were “specially famed for it.” In those days it was, as already mentioned, practised by uneducated persons, the operation being called “cutting on the gripe”—referring to the mode of operating. The stone was seized in a very rude manner from the back part of the bladder, through the lower bowel, roughly “griped” with the end of the fingers, and reached by cutting from the perineum—the patient being firmly held

by two men sitting side by side—hence the term “cutting on the gripe.” In the course of time the practice fell into the hands of more competent, though still uneducated and as it were itinerant operators, who invented a variety of instruments for the purpose, and ultimately one of the fraternity, Frère JACQUES, studied anatomy in Paris and became an accomplished anatomist. But increasing acquaintance with anatomy, and perception of the intricate nature of the operation he had so often successfully performed while comparatively ignorant of the anatomy of the parts implicated, is said to have intimidated him, and his operations were ever after less successful. From the time of PLINY to the present day a variety of solvents for stone have been suggested, composed chiefly of alkalies from the animal and vegetable kingdoms which, though worthless as solvents for stone in the bladder, were nevertheless, as already mentioned (in Part I.) useful as preventing further enlargement of the stone by checking greater deposition of matter. Even at the present day the experiments of Sir WM. ROBERTS of Manchester prove that small stones of uric acid may, under certain conditions, be somewhat reduced. The result, however, is on the whole so unsatisfactory in respect of positive cure that no enlightened practitioner ever thinks of attempting the experiment. Sir HENRY THOMPSON, in his Clinical Lectures on Diseases of the Urinary Organs, has given an interesting account of these so-called solvents, and comes to the conclusion that “if the stone be large the solution is impossible.”

Improve-
ment in the
operation.

Solvents.

Until the year 1824, LITHOTOMY or the operation of cutting for stone in the bladder, was the only plan of treatment adopted with a view to an effectual cure. In that year and in the presence of a committee of the Academy of Medicine, CIVIALE operated for the first time on two living patients by LITHOTRITY or the *crushing* operation. This method (lithotrity) has since CIVIALE's day undergone considerable improvements, both in respect of the instruments employed, and the facility with which the operation is performed.

Lithotri-
ty
(crushing.)

It is not necessary to detail the various changes and improvements that have taken place, or to describe the opposition with which the advocates of LITHOTRITY had to contend. It may suffice to say that the operation is now admitted by its once strongest opponents to be most successful.

Age of
patient, and
size of stone.

Thus the treatment for curing stone consisted, until very recently, of the two operations above-named—LITHOTOMY and LITHOTRITY. Very large and very hard calculi are generally selected as suitable for the cutting operation (LITHOTOMY)—small calculi, up to about the size of a chestnut, being treated by the crushing operation (LITHOTRITY). In calculi among young children, and up to the age of 20, LITHOTOMY, or the cutting operation, has proved very successful, but not so in cases from the age of 50 and upwards. Age is, therefore, a very important matter to be considered when deciding which operation to select. Regard to the size of the stone to be got rid of is equally important, it having been well proved that when the stone is larger than about the size of a chestnut, and of the hard kind (oxalate of lime), LITHOTRITY is liable to become fatal in proportion to the size of the stone and the age of the patient. A further objection to LITHOTRITY is that a repetition of sittings is necessary, varying from five to ten, and even up to twenty. The cases are very rare where one sitting has sufficed—as for instance where the stone has been very small and soft, luckily seized by the lithotrite in a fortunate direction, and there and then thoroughly pulverised and the *débris* passed away without much inconvenience. The writer has not, however, met with such cases in his own practice.

Improve-
ment by
Professor
Bigelow.

The difficulty of LITHOTRITY has hitherto been the removal of the *débris*. Where the stone is large and hard, the fragments fly about the bladder in all directions. In the case of an oxalate of lime calculus the fragments are like bits of flint: they terribly cut and tear the sensitive mucous membrane of the bladder and urethra, and fatal consequences occasionally result. This and other circumstances led Professor BIGELOW, of Harvard

University, U.S., to endeavour to improve upon LITHOTRITY, which in the writer's opinion, he has unquestionably done. His innovation upon LITHOTRITY (for the profession at present regard it as such) Professor BIGELOW calls "LITHOLAPAXY," which signifies "Rapid lithotrity with evacuation." He removes the majority of calculi by crushing with large instruments, in one sitting, under the influence of ether. When, however, the stone is very large, or there is more than one stone, he does not hesitate to increase his sittings to two and three, or to prolong them to nearly four hours. Litholapaxy.

Moreover, his plan of treatment not having yet been tried on a large scale, the professor wisely guides himself by a most careful consideration of the tolerance (so to speak) of each particular patient. One case which he reports, in his Essay on the subject, is here subjoined:—

"Case 8 (Dr. C. B. Porter's case) August 12th, 1877. Case.
Aged 61 :

"A large flabby man, with a feeble pulse.

"Date of symptoms, twenty-six years.

"Two stones, one of which is so large that it is barely possible to lock the lithotrite.

"Passes water every fifteen or twenty minutes.

"Three sittings. First sitting:—duration, one hour and a half under ether; size of tube, twenty-eight; quantity removed, two hundred and twenty-eight grains; passed afterwards one hundred and eight grains. Second sitting:—interval, four days; duration, three hours under ether; size of tube, thirty; quantity removed, seven hundred and forty-four grains; passed afterwards sixteen grains; no after symptoms of importance. Third sitting:—interval, five days; duration, three hours and three-quarters under ether; size of tube, thirty-one; quantity removed, seven hundred and six grains; no pain nor discomfort afterwards; total number of grains, after drying, one thousand eight hundred and two. Result: discharged well, two weeks from the date of the

Successful
Result.

first operation; after a few weeks the patient could retain his water from three to four hours."*

From the time of CIVIALE to the present day the teaching of lithotritists has been to the effect that the bladder and urethra are very intolerant of instruments. Even Sir HENRY THOMPSON has spoken of "A sojourn, say of two minutes, in the bladder, which I will allow you, although you know I do not occupy so much time myself."†

Dissolving
stone in the
bladder.

The publication of Professor BIGELOW's views greatly delighted the writer, finding therefrom, as he did, that he also had been working in the same direction. For the last twenty-five years the writer has studied the question of dissolving stone in the human bladder. Its possible accomplishment has been universally laughed at and ridiculed. All the ordinary attempts for the purpose have consisted in the administration of alkalies and acids directed to the interior of the sensitive bladder, and the administration of the same remedies by the stomach. The commonest form of stone, lithic acid (said to be the basis of 19 out of 20 of the calculi), is so insoluble that the corrosive alkalies or acids necessary to dissolve it would burn through the tissue of the bladder and destroy life, long before producing the slightest effect upon the stone. Viewing the solution of calculus in this light, it would of course be an impossibility. To solve the difficulty the writer worked in a totally different direction. His idea was to *isolate* the stone so as to get it under perfect control, and when thus isolated, or imprisoned, and away from the sensitive mucous membrane of the bladder, to act upon it with the requisite solvent. He calculated that a stone too large, or too hard for crushing—one, for instance, only suitable for LITHOTOMY—would require the residence of instruments in the bladder for one, two, or more hours, according to the size and solubility of the calculus.

The Writer's
method.

* See Bigelow's Essay on Litholapaxy (1878), page 29.

† See "Clinical Lectures on Diseases of the Urinary Organs, etc," by Sir Henry Thompson, fourth edition, page 188.—But for his present opinion see p. 45; also the "Lancet," January 17th, 1880, page 79.

Professional gentlemen reading this, will no doubt be inclined to put the same question as was put by M. MALLEZ when the writer mentioned the subject to him in Paris in 1878—"But, my friend (he asked), how are you going to get your platinum machine (the only metal that will resist corrosive acids and alkalies) into the bladder through the small urethral canal?" The answer now, as then, may be—"that is my business"—the writer meaning thereby that in the present stage of his experiments, and under the present circumstances (more particularly alluded to in another part of this work) he does not deem it desirable, or feel called upon, at once fully to reveal the *modus operandi* by which he proposes to apply his process. Suffice it to say here that for many years he has, in association with the successful treatment and cure of cases regarded as hopelessly incurable, demonstrated that the human bladder and urethra are not so sensitive as lithotritists have supposed—his own method of treatment being nevertheless such as to protect the mucous membrane of the bladder from any possible injury. When it is considered that the human bladder oft-times contains calculi of enormous size, and for many years, it is absurd to suppose that beautifully polished instruments cannot be manipulated within its cavity for more than "two or three minutes" at one sitting. True, some patients faint when the smallest instrument is introduced for the first time. Some indeed faint at the mere sight of a polished steel surgical instrument, but in the majority of instances this sensitiveness soon subsides. Such instances moreover are only exceptional. Some people are so peculiarly constituted that they turn pale and sick if they smell a rose. It is not so, however, with the majority of mankind. Again, when a bladder has been accustomed to a stone for some time, it is often more tolerant of instruments. A bladder accustomed for years to a calculus of extravagant proportions, such as we find mentioned by some old authors, would certainly not rebel against the introduction of a fine polished instrument so readily as modern lithotritists

"That is my business"

Tolerance of the bladder to instruments.

Confidence in
Bigelow's
method.

would lead one to suppose. We hear of calculi so large as to nearly fill the whole cavity of the bladder. Enormous calculi have been found after death in the horse, and notwithstanding which, the animal lived to a fair average equine life, and did as much work and as nimbly as horses without such an encumbrance. The writer firmly believes that the injury sometimes resulting from irregular and pointed fragments of stone remaining after the operation of LITHOTRITY has been performed, has been mistaken for effects resulting from the use of the instruments, and he has the greatest possible confidence that BIGELOW's method of curing stone will, if fairly put into practice, soon supersede LITHOTRITY as now ordinarily applied. The readiness with which the writer removed a large stone, weighing two ounces and three-quarters, in one hour and thirty-five minutes, and another very hard lithic acid calculus weighing very nearly one ounce, in less than an hour, and his success in removing a very hard oxalate of lime stone, weighing nearly four ounces (all which cases, with others, are reported in this present edition) gives him the greatest confidence in the future of LITHOLAPAXY.

Opinions of
the Faculty
—Mr. Thos.
Smith.

Just as LITHOTRITY had to fight its way into professional favour amidst prejudice and jealousy combined with ignorance, so will it be with LITHOLAPAXY. Much however may be effected from the recognition of it already accorded by some leading lithotritists. Mr. THOS. SMITH, surgeon to St. Bartholomew's Hospital, has said :—" It is possible, or rather, highly probable, that it (BIGELOW's principle) will entirely reform our practice in the treatment of stone in adults"—and further, that "if BIGELOW's practice be founded on truer views of the whole subject (as it seems likely that it is) the domain of LITHOTRITY has been greatly enlarged, and a real advance will have been made in the treatment of stone in the bladder."*

Sir Henry
Thompson.

Sir HENRY THOMPSON, speaking of BIGELOW's method, says :—" This was a bold, but I believe it was also a happy idea. My mind was already prepared by past

* See "Lancet," January 10th, 1880, pp. 43 and 45.

experience to receive it favourably, although the means BIGELOW employed in the shape of instruments, especially the lithotrites he proposed to use for the purpose, it was impossible for me to approve.”*

In his last (fifth) edition of “Clinical Lectures on Diseases of the Urinary Organs,”† page 175, he says :—
 “Having referred to BIGELOW’s Aspirator, I may briefly state that he has recently proposed to remove, at one sitting, all calculi of any size, and whatever may be the condition of the patient, by means of large lithotrites and the aspirator combined, devoting two hours or more, if necessary, to the purpose: Of this proposal I feel compelled to say that although the results may often be successful, it is to be feared that they must sometimes be disastrous; for, although there is no difficulty in achieving the object so far as mechanical power is concerned, we cannot overlook the fact that the vital conditions under which we are compelled to work must often limit the employment of mechanical force. I am free, however, to confess that the proposal to remove a large and hard stone at one sitting is an attractive one. I only fear whether we may not, by adopting the system under consideration, pay too high a price for the purpose of attaining the end proposed. And in reference to this, I am bound to say that my own system has for a long time been gradually inclining to the practice of crushing more calculus at a sitting and removing more *débris* by the aspirator than I formerly did. Thus I have for some time been in the habit of using in every case two lithotrites alternately in the manner already described. With these light and handy instruments, which pass with the utmost facility, employed in this manner and followed by the aspirator, I can certainly remove calculous matter from the bladder more safely and much more rapidly than with any large and unwieldy instruments.”

Sir H.
Thompson’s
“light and
handy”
instruments.

The teaching of lithotritists has, as already mentioned, been to remove calculi not larger than a chestnut by

* See “Lancet,” January 17th, 1880, p. 79.

† J. & A. Churchill, London, 1879.

Prolonged
sittings.

crushing—the larger calculi being left for the cutting operation, which is *fatal* in about one in seven cases. Small calculi can usually be easily crushed. Sir HENRY THOMPSON has done it successfully with his “light and handy instruments”—and encouraged prolonged sittings also. He says:—“The longest sitting I have as yet ventured on is twenty-five minutes, during which I removed 329 grains.”* This is very different to his former teaching—“a sojourn of two minutes.”

With small calculi these instruments have ample mechanical power. Neither BIGELOW nor any other operator would need stronger power for such small sized stones. But both BIGELOW and the writer have prepared instruments for dealing with such calculi as cannot, with safety, be crushed by “light and handy” instruments.

Danger of
“light and
handy”
instruments.

The two cases above referred to as treated by the writer,† where the calculi weighed two ounces and three-quarters in one case, and five grains under an ounce in the other, could not with safety have been crushed by smaller instruments than those suggested by BIGELOW. We have heard of instruments breaking and bending in the bladder, although they were manufactured by good instrument makers. They were “light and handy,” but the calculi were too large and hard for such light contrivances, consequently the patients had to be cut not only for the stone, but also for the removal of the injured instrument, which further endangered the patient’s life. The writer cannot see the force of the objection raised against the larger lithotrites; on the contrary, he sees immense advantage in the use of them. In the first place, they crush the stone most effectually, because they have ample mechanical power, and ought not to injure the bladder at all, if dexterously handled. The greater the power the greater the safety in avoiding any injury to the instrument. In the second place, being strong, it enables the surgeon to work with confidence, knowing that, however large and hard the stone be, the instrument

Advantage
of larger
Lithotrites.

* See “Lancet,” January 17th, 1880, p. 79.

† See page 44.

cannot come to grief. Take, for instance, a case such as is related in Sir HENRY THOMPSON'S last edition, p. 143*: "I crushed the stone four times, bringing away a good deal of phosphatic material. I soon noticed that my lithotrite never went through the stone; it always went a certain way, and then there was a hard mass. After four sittings I could not crush any more. It was clear that there was a very hard centre stone on which my strongest lithotrite had no impression, the crust only having been removed. I know from experience the recoil of the lithotrite from an oxalate of lime stone so well, that I have no hesitation in saying such an one was present. Accordingly, I performed LITHOTOMY, and removed a well-marked specimen of that kind." In another passage he adds: "An oxalate of lime stone communicates a sensation, when grasped by the instrument, as if you were laying hold of a piece of iron; you make little or no impression upon it." Now, one of BIGELOW'S instruments, used in a case of this kind, would, the writer doubts not, have crushed the calculus by a few turns of the screw, and the patient would have been spared the operation of cutting, which, as before stated, is fatal in about one in seven cases. We are not told if the patient above alluded to recovered or not.

Example.

Operation of cutting might have been avoided.

Professor BIGELOW does *not*, however, undertake to "remove at one sitting all calculi of any size, and whatever may be the condition of the patient." He *has* removed large calculi at one sitting; but in the essay above referred to he gives instances where he required *three* sittings, each occupying various periods: the first sitting (in one of the cases) an hour and a half; the second, three hours; and the third, three hours and three-quarters. The assertion or suggestion to the contrary has been objected to by Professor BIGELOW himself, as may be seen from his letter published in the "Lancet," May 17th, 1879, pp. 693-5.

Professor Bigelow misrepresented.

* "Diseases of the Urinary Organs," by Sir Henry Thompson (Churchill, 1879).

It is greatly to be regretted that in a matter so important in relation to the advancement of medical science any false or mistaken views should, on either side, be presented to the Profession or to the public.

Mr. Cadge
has operated
on Bigelow's
plan.

It is gratifying, however, to know that a surgeon of known experience, fairness, and veracity—Mr. CADGE, of Norwich—has operated successfully on Professor BIGELOW's plan, and has reported five successful cases.* He says (among other things): "When I first became aware of the views of Professor BIGELOW on the treatment of stone in the bladder by rapid LITHOTRITY and large instruments, I confess that they seemed to me crude in theory and likely to lead to dangerous results in practice. A more careful examination of the subject, and a perusal of his excellent paper, have induced me to modify my first impression, and to think that in the new method it may be found that we possess not only a novelty, but a real advance in practical LITHOTRITY."

Reputed
intolerance
of the
bladder to
instruments.

What, no doubt, surprised Mr. CADGE, as it had Sir HENRY THOMPSON and others, was the impression respecting the intolerance of the bladder to instruments.

Dilatation.

For nearly twenty-five years the writer has been convinced of the error of this teaching. Consequently Professor BIGELOW's announcement rather fascinated than surprised him; corroborating as it did a long-cherished theory—a theory, moreover, successfully applied; confirming, too, the confident belief that with apparatus suited to the purpose the bladder or urethra need not be at all injured by the manipulation extending over one, two, or even three or four hours. The writer's experience goes to prove that the male urethra may be dilated considerably more than sufficiently to accommodate BIGELOW's lithotrites and evacuating tubes, if only the process of dilatation be very cautiously and gradually done. In prolonged dilatation, where patients are *extremely* intolerant of instrumental manipulation at first, and where urethral fever is set up, accompanied by rigors, cystitis, etc., patients have eventually tolerated dilatation

* See "Lancet" April 5th, 1879, p. 471.

to an almost incredible extent. The writer has over and over again verified this fact in his treatment of stricture of the urethra. He has cured many cases of organic urethral stricture by prolonged and unusual dilatation, that otherwise could only have been cured by internal urethrotomy.* Patients have thus been spared severe and possibly fatal operations.

The case of JOHN ADAMS (see Part V., Case No. 74) will give the reader an idea of what may be done in the very worst form of case.

Professor BIGELOW's essay has indeed so satisfied the writer, that he feels he need make very little further effort in the direction of perfecting the instruments he has invented for use in these cases. He sees now more clearly than ever the advantage of one peculiar feature in his own method of treatment—viz., isolation of the stone, thus facilitating its removal, and obviating the possibility of fragments being left behind to form a nucleus for other calculi. Professor BIGELOW's process seems near perfection; still, there is just a chance of a very minute fragment becoming entangled in the small sacculi of an inflamed and thickened mucous membrane, serving for a ready receptacle for additional deposition. This, however, cannot happen if the bladder is brought into a healthy condition before operation, which the writer's treatment effectually does.

Isolation of
the stone.

THE WRITER'S OWN LITHOTRITE.

Valuable as Professor BIGELOW's method is, later experience has taught the writer that it is not without drawbacks. One obstacle he has had to encounter, while using these larger instruments, is the clogging of *débris* between the blades. This defect, among others, he has remedied in a new instrument he has devised and had made under his instruction by Messrs. MAYER & MELTZER.

Bigelow's
instruments
not without
drawbacks.

* See article "Stricture of the Urethra."

The writer's
new instru-
ment.

Again, to facilitate the removal of *débris* in BIGELOW'S process, two or three lithotrites have been used in succession, the blades of one being cleaned while the other was in use. Sir HENRY THOMPSON informs us that with his light instruments he adopts the same plan.* The writer's new instrument, however, is so constructed that by a movable contrivance between the male and female blades it effectually removes the *débris*, thereby obviating the necessity of reintroducing the instrument, if care be taken to thoroughly crush the stone before the aspirator is used.†

Further, experience convinces him, despite the objections taken to large instruments, that down to the present time lithotrites, including those used by Professor BIGELOW, are rather too *small* than too large.

The case of "G. S." (Case No. 7) may be cited in illustration of the writer's view. One reason urged in favour of small lithotrites is that we now discover calculi before they reach the magnitude of former years, where they were occasionally found to fill the cavity of the bladder. This is no doubt true in many instances, but cases of very large calculi still every now and then present themselves. The case of "G. S.," where the stone was so large as to prevent the lithotrite locking, and the consistence so hard as to bring the instrument to grief, is only one of several instances coming under the writer's notice,—cases in which "small and handy instruments" would not, could not, be of effective service.

Improved
construction.

With a view of meeting such emergencies, the writer has had his instrument made stronger in every direction. In addition, it is to be pointed out that BIGELOW'S instrument shows no indication on the handle whether it is locked or open. And this accounts for an accident in the case of "G. S." When it was found that the lithotrite did not lock on the stone, the use of a hammer

* See "Lancet," January 17th, 1880, p. 79.

† MEM.—Almost all the advantages here mentioned are referred to by Mr. SMITH. See "Lancet," January 10th, 1880, p. 43.

for breaking it disordered the instrument, partially locking it, so that it could neither be wholly locked nor unlocked; the male screw was jammed into the female screw, and it had to be taken to pieces. BIGELOW'S instrument is not strong enough, and, even if it were, its globular handle does not afford sufficient leverage for crushing a stone like that in the above-mentioned case, and the palm of the hand after usage in a prolonged operation becomes blistered and so far disabled. The writer has therefore had fixed to his new instrument a long transverse handle seven inches in length, affording considerable leverage, and, in case of necessity, two persons can work it, while the larger handle and screw respond to the increased power exerted, and, should it become necessary to use the hammering process, the index, as well as the long transverse handle, will at once indicate to the operator its locked or unlocked condition.

The reader need not be alarmed at the employment of mechanical force in the use of the hammer, as just mentioned. The force is *not* directed against the urinary bladder, or indeed against any part of the urinary apparatus, but only against or upon the *stone*, and ought (in dexterous hands) hardly to come in contact with the bladder at all. The instrument is *within* the bladder, in which there is abundance of fluid to keep the walls of the organ apart. The writer employs, or has at hand, in these cases a large and powerful mechanical appliance, just as he would employ a powerful horse for hunting or carriage work. A horse of more power than may possibly be requisite for the weight does not injure the rider or carriage if properly handled; but there is reserve power at hand, and available, should necessity for its use arise. A large instrument may as readily dispose of a small stone as of a large one, but a small instrument cannot dispose of a large stone. Hence the larger and more powerful instrument is on all accounts to be preferred.

Employ-
ment of
mechanical
force.

Advantages
of the
writer's
lithotrite.

The writer conscientiously believes that with the instrument he has devised, by way of improvement on BIGELOW's, the "cutting" operation in adults might be altogether abandoned, save, perhaps, in a few very exceptional cases. The only case he has met necessitating LITHOTOMY (the cutting operation) is recorded in this edition (Case No. 25), where the patient (the Hon. L. D. E.) had been treated by mistake for paralysis of the bladder instead of for stone in the bladder. The stone filled the whole cavity of the bladder, which firmly contracted upon it, thus leaving no room to use the lithotrite.

The diagrams which follow, with the accompanying explanations, will enable the reader to understand the working of the writer's Improved Lithotrite.

DIAGRAMS.

No. 1.

DR. DAVID JONES'S IMPROVED LITHOTRITE (shown in the margin of this page) to which is attached a *débris* cleaner, the addition of which renders it unnecessary to use more than one instrument during an operation.

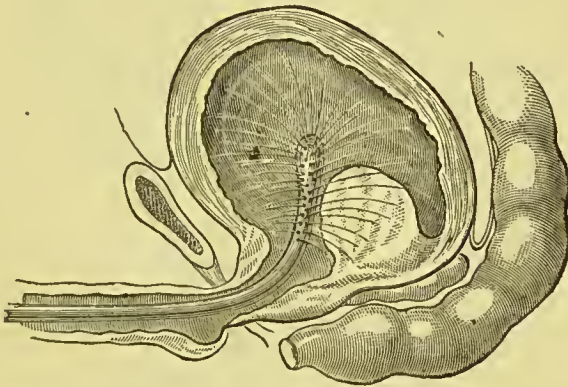
David
Jones's Im-
proved
lithotrite
illustrated.



No. 2.

DIAGRAM OF THE BLADDER, on the lower part of which is seen the prostate gland, enlarged and projecting into the interior of the bladder, with the "spray" playing upon it. Behind the prostate is seen the rectum. The reader will understand that as the prostate enlarges it presses on the bowel, producing discomfort there, and may be felt by the finger projecting "like an apple."

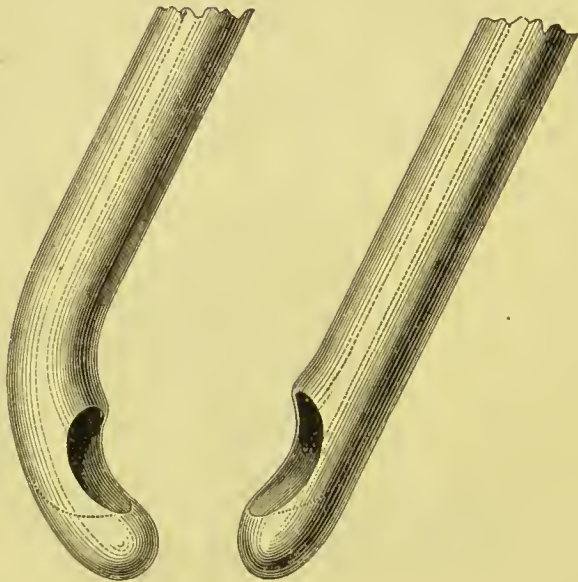
Diagram showing the action of the "Spray."



No. 3.

Diagram—
straight and
curved
tubes.

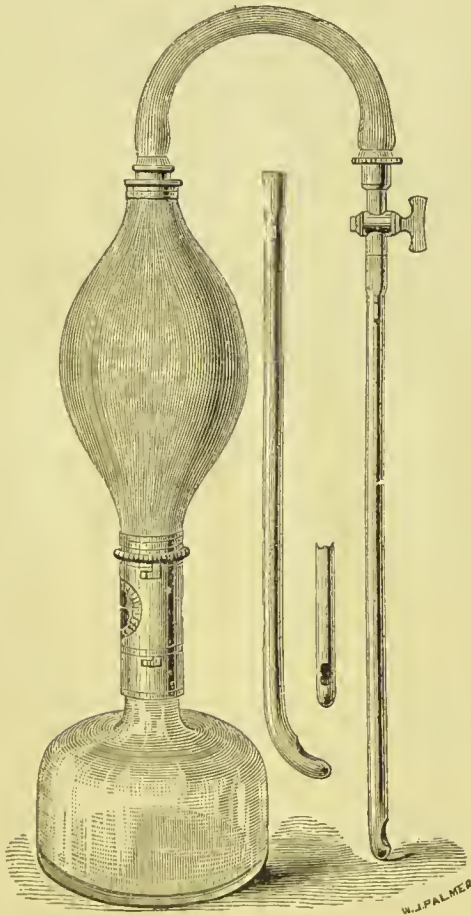
STRAIGHT AND CURVED TUBES through which the fragments of stone are sucked from the bladder into the glass receiver.

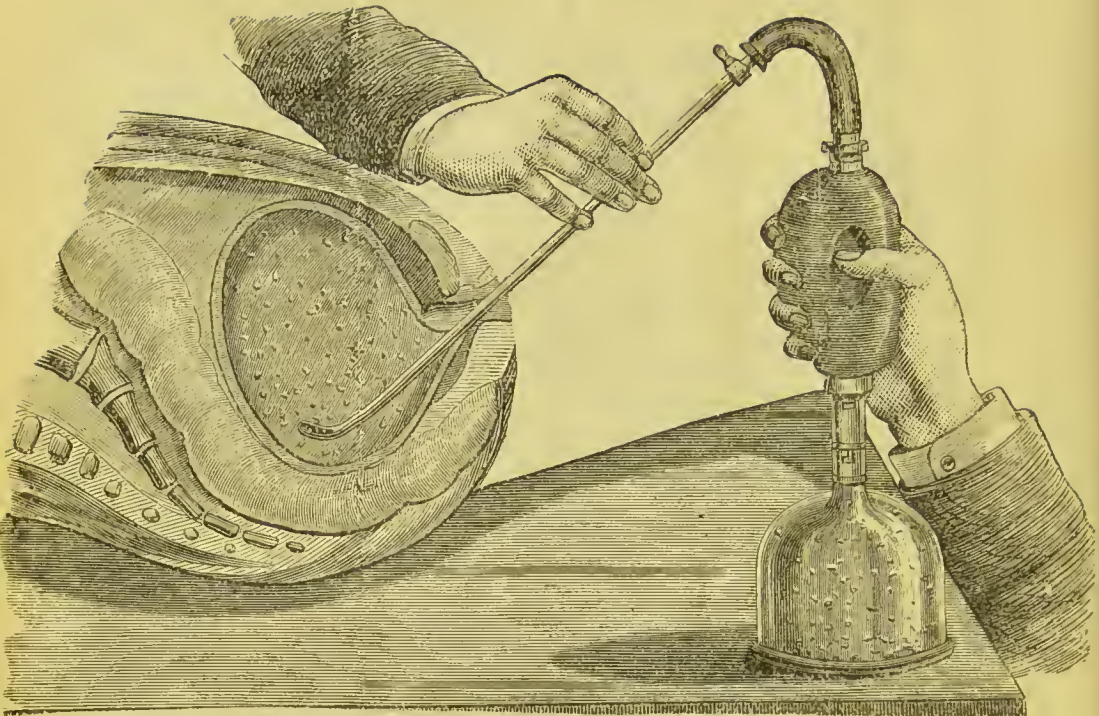


No. 4.

DIAGRAM OF THE ASPIRATOR AND TUBES, through which the fragments of stone are sucked into an improved receiver used by the writer. This plan, introduced by Professor BIGELOW, is a great improvement upon the old method, where the fragments (usually irregular and flint-like) were allowed to pass through the urethra, not unfrequently tearing the mucous membrane severely, and occasionally becoming impacted in the urethral canal, from which they have had to be removed by cutting.

Aspirator
and Tubes





Working of
the Instru-
ment.

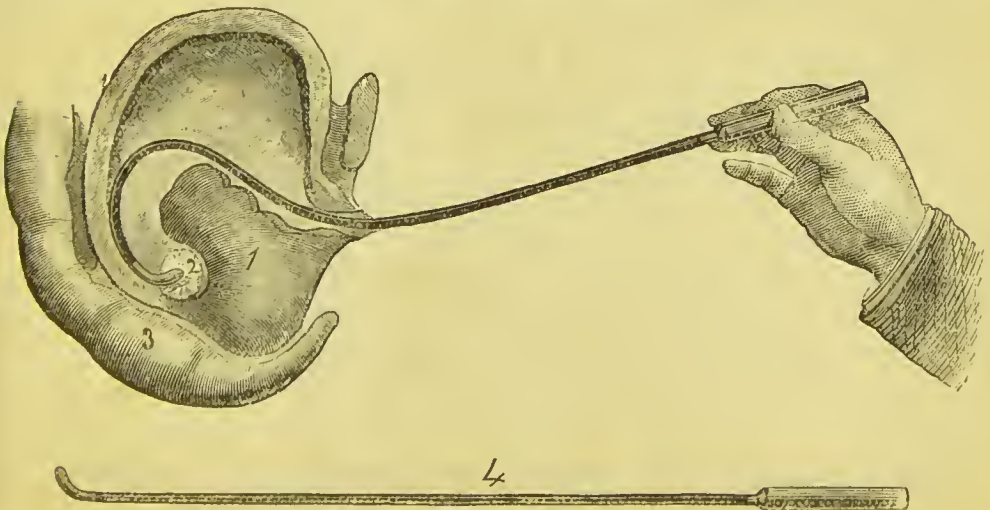
The above diagram illustrates the working of the instrument. The operator's hand is seen compressing the indiarubber exhauster, thereby forcing a stream of water through the tube into the bladder, and scattering the crushed fragments of stone in all directions. On allowing the exhauster to expand, a current of water is sucked up from the bladder, and carries with it as many of the fragments as may be drawn into the opening at the end of the tube. These pass along the tube and are finally caught in the glass receiver, as shown in the diagram. This action is repeated until all the fragments are exhausted.

DR. DAVID JONES'S FLEXIBLE SOUND.

No. 6.

This diagram represents the search for stone with the writer's Flexible Sound—most advantageously usable in obscure and complicated cases.

Figure 1 represents the prostate gland enlarged within the cavity of the bladder—extending upwards and backwards, also downwards and backwards—the latter portion of the enlarged gland pressing on the rectum (Figure 3), where on examination (*per anum*) it may be felt projecting “like an apple.” This encroachment on the lower bowel often imparts to some patients a sensation as if the bowels “wanted moving,”—a form of expression common with them. The operator’s hand is seen searching for the stone. The sound being flexible, and having surmounted the enlarged and distorted gland, is seen *above* the level of the urethral canal. During the search, it now meets another obstacle, viz., the posterior wall of the bladder. The sound, provided with a metallic tip, is now rotated downwards, and (being flexible) is made to glide gently and steadily till it reaches the stone (Figure 2), which is immediately recognised by the sound it yields. In some cases the stone *cannot* be made to roll from its position to the back of the bladder—hence the great advantage of the Flexible Sound. Figure 4 represents the ordinary sound, which is stiff and inflexible. Comparing the two, the reader will readily see what difficulties may beset the surgeon when the prostatic portion of the urethra is tortuous and unyielding. It was, in fact, this difficulty (in J. P.’s case No. 6), which led the writer to invent the Flexible sound.



SECTION II.

DISEASED PROSTATE: Its Treatment and Cure.

Diseased
prostate in
advanced
life.

Pronounced
"incurable."

DISEASE of the prostate gland is a subject too vast to be fully dealt with in the limited space which can here be allotted to the consideration of it, and the writer proposes, therefore, to confine his remarks chiefly to that form of (supposed) "incurable disease of the prostate" occurring in advanced and advancing life. Many of the cases treated by the writer, and appearing in Part V., show that chronic enlargement ("hypertrophy," as it is termed,) of the prostate is far more amenable to treatment than authors on the subject have supposed, particularly if taken in reasonable time. Those who have written on the subject, ancient or modern, English or foreign, and whose works the writer has consulted, all seem to have agreed in pronouncing the disease "incurable."

In a recent work written by Drs. W. H. VAN BUREN and E. L. KEYS, of New York, authors of considerable renown on diseases of the genito-urinary organs, the following occurs: "In the present state of our knowledge, hypertrophy of the prostate is not curable by any means that have yet been used."* In a more recent

* "A Practical Treatise on the Surgical Diseases of the Genito-Urinary Organs" (1875), page 193.

work on Diseases of the Urinary Organs, by F. J. GANT,* a similar opinion is expressed, as follows:—"In the *treatment* of chronic enlargement of the prostate, palliative measures alone have any effect—this prostatic hypertrophy, naturally incident to advancing years, being incurable." The admitted inefficacy of the ordinary modes of treatment of advanced prostatic, and some vesical diseases, suggested to Sir HENRY THOMPSON operative means for the relief of these cases. The result, however, of five cases, related by this able surgeon, is unsatisfactory, all the patients so operated upon having, it would seem, succumbed shortly after.† These cases were, however, far advanced: and the ages were, respectively, 63, 75, 50 (this patient having also cancer), 40 (a case of villous tumour) and 68. In a still more recent work,‡ Sir HENRY says:—"Medicine is powerless to diminish the hypertrophy. There may be temporary enlargement from congestion, and that you can diminish by treatment. But true hypertrophy cannot be diminished by any known means. Numerous agents have been employed, both internally and as local applications, for both of which, as might be supposed, preparations of iodine and mercury, have been particularly vaunted. And, notwithstanding all that has been claimed for such agents in certain quarters, I assure you, with regret, but with the most complete confidence, that neither iodine nor mercury does anything but mischief, however employed. Besides these, other remedies, as hemlock, hydrochlorate of ammonia, liquor potassæ, etc., have been tried. Nevertheless, I have simply to say that, for the present, we know no means of checking the progress of hypertrophic enlargement."

Eminent
authorities
unanimous.

In another part of the same chapter is the following:—"The first object of treatment is to relieve the partial retention of urine by the catheter. There are two causes

The catheter

* J. & A. Churchill (1876), page 214.

† "Lectures on Diseases of the Urinary Organs" (J. & A. Churchill, 1879), page 284.

‡ "Clinical Lectures on Diseases of the Urinary Organs" (J. & A. Churchill, New Burlington Street, 1879), chap. 7, p. 79, et seq.

which produce this retention of a certain portion of urine, and which no efforts on the part of the patient enable him to pass. The first is, as you know, the obstruction of the enlarged prostate itself at the neck of the bladder. But there is, moreover, an inability of the muscular coats of the bladder to contract and expel its contents, and it happens thus:—In order to overcome an obstacle to the outflow of urine the muscular fibres are greatly increased, and Hypertrophy of the vesical coat results to a large extent, just as the walls of the heart thicken when obstruction exists in one of its main outlets. The thickened bladder is much less distensible than the bladder of normal character, and the organ is often equally disqualified for retaining much urine or for expelling it entirely; the cavity of the bladder being diminished, and its function as a reservoir impaired, in part by the protrusion of enlarged prostate into the interior, and in part by the rigidity of the coats as above explained.”

Mischief of
drugs.

The writer's
treatment.

The writer fully agrees with Sir HENRY that the “vaunted” remedies, mercury, iodine, etc., etc., do *not* cure or relieve this condition of disease. He believes moreover that they have unquestionably killed many suffering, not from prostatic disease only, but from many other diseases also. The writer himself employs neither of the above-mentioned remedies. In fact, his mode of treatment, if applied in time, will dispense in many cases with the use of the catheter also. (See the “Cases.”) The *cause* of the residuary urine is enlargement of the prostate gland, occasioning mechanical obstruction. To overcome this the muscles of the bladder make violent effort, and assisted by counter effort (so to speak) on the part of the abdominal muscles, the whole bladder becomes thickened in the attempt. Nevertheless, it fails to expel the urine, and in proportion to the loss of power in the expelling function of the thickened, decrepit, and helpless bladder, so proportionately is the residual urine retained. In other words, the enlarged prostate projects into the viscus—the already thickened walls of the

bladder render the function of propulsion impossible—and hence retention of urine. This urine becomes decomposed, forming a strong, blistering, corrosive, ammoniacal fluid. And the reader will thus see why in these cases there is such frequent desire to urinate, though only a very small quantity can be passed at each effort. The acrid, irritating urine is in contact with the most sensitive part of the bladder, producing a sensation often described as “burning,” “scalding,” “stinging,” or as some describe it, “a feeling as of boiling lead or melted iron in the bladder.” This small quantity of corrosive urine is all that can be expelled, but a large quantity, varying from one to forty or more ounces, is left behind as “residual urine,” constantly undergoing decomposition.* The Cases, in Part V., shew how rapidly the lost function of the bladder is restored by the treatment adopted by the writer. Under that treatment the patient almost at once passes *more* urine by his natural effort, and the “residual urine” becomes less and less—the expulsive power of the bladder being restored. The urine, loaded with mucus, pus and blood, soon becomes changed—the decomposed, offensive, bloody and putrid character of the excretion becomes substituted by urine normal as to consistency and odour, and the patient is convinced that, despite the opinion of high authorities, enlarged and (as generally supposed) “incurable” disease of the bladder and enlarged prostate in the male, and bladder disease in the female, *can* be cured in both sexes. The case of Mrs. TOLLY, of 27, Coburn Street, Bow Road, is highly interesting (Case No. 68). The celebrated surgeon who had unsuccessfully treated Mrs. TOLLY, on being told by her that “Dr. DAVID JONES positively assures me he can cure me,” replied, in the presence of her ordinary medical attendant: “Well, Mrs. TOLLY, all I can say is, that no *respectable* medical practitioner would *attempt* at your age to do more than we have done.” Mrs. TOLLY, however, *was* cured by the

Lost power
of the blad-
der restored.

Case.

* In the case of a gardener from Elstree, the writer's son removed 90 ounces.

writer, and continued quite well till her death, which happened from bronchitis, some years afterwards. She testified her gratitude to the writer after her recovery by giving him a subscription towards his Home Hospital, thus helping *poor* sufferers who cannot help themselves.

Specific local applications.

The writer does not, however, by any means profess that he can cure *every* case of disease of the prostate that comes before him, but he does feel convinced that his method of treatment by specific local applications to the bladder and prostate is far more rational, and more likely to effect a cure in such cases than either medicine introduced into the stomach, or the ordinary kinds of surgical procedure. Moreover, in every bad case undertaken by

Relief where cure is impossible.

him, his treatment has afforded more relief than could possibly have been afforded by any other means within his knowledge. The late THOMAS HALL, Esq. (who testified his gratitude for services rendered by the writer by a munificent gift of nearly £2,000) wrote thus:—"You told me honestly when you first saw me, my case was beyond cure, but your treatment has done more for me than any other."* That gentleman had been treated without relief by some of the greatest celebrities at home and abroad. Let the reader carefully peruse the

Illustrative cases.

numerous "Cases" embodied in the present edition, and observe the accounts which patients themselves have given of these terrible diseases. Let medical gentlemen

Verification.

who cling to the opinion of high authority, investigate the whole circumstances surrounding these "Cases": most of the patients are accessible, their names and addresses are in the Appendix, and at the writer's disposal, as well as those of unimpeachable witnesses who knew them in their supposed "incurable" condition; also the names of physicians and surgeons who had attended them, and pronounced them beyond cure, before the writer commenced his treatment of them. Possibly the medical profession will say that the cases in which the writer has effected a cure were not really typical

* His attendant, Mr. Kevis (106, Licensed Victuallers' Almshouses, Old Kent Road), can testify to this.

cases of enlarged prostate, and that the ages of the patients do not correspond with the period when enlargement of the prostate ("chronic hypertrophy") comes on. It cannot, however, be denied that the ages of some of the patients are precisely the age admitted by authorities as the most likely for the bladder and prostate to become troublesome. With reference to other patients who were younger, the writer merely adds that the *whole* of them, though cured by him, had been given up as hopeless by physicians and surgeons previously consulted. But the cases occurring, even in the younger persons, were in fact "typical" cases of chronic disease, and had (as the patients themselves have asserted) been previously treated by surgeons of high repute.

The
Faculty's
objections.

The writer ventures to question the soundness of what has been affirmed by many writers respecting the special pathological condition of the prostate gland; also the accuracy of the classification of these prostatic diseases by those who assert that nothing more is to be done for patients simply because high authorities have failed hitherto to discover and apply more certain means of relief and cure. But is the scientific mind now dormant? Are we for the future and for ever to leave off searching for means to alleviate the most painful of human diseases because high authorities affirm that "medicine is powerless to diminish the hypertrophy—it cannot be diminished by any known means," etc., etc.? Were not similar questions propounded respecting the cure of ovarian dropsy? The late Mr. ROBERT LISTON called the ovarian operation a "belly ripping operation." He said this to his whole class, the writer among them, and even persuaded us not, under any circumstances, to attempt it. The writer, as well as many surgeons in London and elsewhere, Sir SPENCER WALLACE, Bart., and Dr. KEITH in particular, can now afford to laugh at such advice.* But the writer is denounced because he does

Reply.

* And see "Tumours and other Diseases of Women," compiled by the writer, and published by Mitchell & Co., 13, Red Lion Court, Fleet Street.

not reveal his treatment. His reasons (to himself sufficient) for *not* doing so at present are given in another part of this work.*

Prostatic
disease dif-
ferentiated
by age.

With respect to the disease itself, he believes that any real difference between one prostatic disease and another is rather in the length of time the disease has existed than in anything else. There is doubtless a pathological difference between a disease in the prostate of a man of 30 or 40 years of age, and that of a man between 55 and 65, just as there is in that of a man of 20 or 30, and of another between 30 and 40. The diseases are more or less alike, varying in degree only as already intimated, with the age, habit of body, and peculiarity of constitution. There is a great difference between a green blade of wheat three months old, and the golden mature corn ready for the sickle; still it is substantially the same, altered only by age. There is a similar difference in the pathological appearances of incipient and fully developed prostatic enlargement. The writer is convinced that the prostate gland takes considerably longer time to grow into an enlarged diseased condition than is commonly supposed by professional men. It grows, nevertheless, though *insensibly*—in other words, it gives little inconvenience till the “last straw breaks the camel’s back.”

Timely
treatment.

It is in the early stage that this, as well as other diseases, should be treated. For many years the sufferer may *have had intimation* or warning of the approach of the disease, but as the warning was not very urgent it has been disregarded. To guard such persons against the certain consequences of this disregard, the writer will here add some observations descriptive of the earlier symptoms usually experienced, and as usually neglected.

Earlier
symptoms.

The first symptoms of the approach of disease of the prostate is merely an “uneasiness about the neck of the bladder.” Probably during cold weather there is more frequent desire to urinate—that is all—and no more notice is taken of it. In the course of time the frequency

* Preface to Sixth Edition, p. xxii.

becomes more urgent. Still no particular notice is taken of it—"it is only a slight inconvenience." In months, or it may be years, the discomfort increases, *and a nightly call becomes habitual*. By-and-by the patient begins to feel the discomfort of getting out of his warm bed. Still, not much notice is taken of it. He does not think it worth while to consult a doctor "for such a trifle." If he did, the probability is that his doctor would say "it is nothing," or possibly, "it is weakness of advancing life,"—give a bottle of medicine, and prescribe "whiskey or gin," or some *other more powerful diuretic* (the worst thing imaginable!)—and the patient encourages himself in the belief that there is nothing the matter with him. The disease is all the while getting worse. In the course of time the patient has to get out of bed twice during the night instead of once. Afterwards the frequency becomes still more urgent, and the inconvenience becomes more evident, and eventually *pain* is substituted for inconvenience, and then the doctor is sought. But, unless a specialist be consulted, the bladder will most probably not be examined; medicine will be prescribed which only excites the kidneys to secrete more urine, and which, as already mentioned in Part I., does more harm than good; and the disease slowly but surely progresses. Patients frequently write after the manner indicated in the following, which is extracted from a letter recently received:—"I have had something wrong with my bladder for a good number of years, having to urinate more frequently than I ought, generally having to do so three or four times during the night, and from time to time having *great* desire to do so—very frequently every half hour or so, and not able to do it freely, but scantily and with pain. This latter symptom was only occasional—I mean, having to void the urine so frequently. I don't think, however, that for some time past I have been able to empty the bladder completely at once. I have had to wait a minute or two, then try again. Things went on in this way until about two years ago, when the passage of the urine completely

Drugs and
alcohol.

Progress of
the disease.

Relief by
instruments.

ceased, and for several hours I was in the greatest agony, until I had my bladder relieved by an instrument which occasioned me great suffering and loss of blood. The bladder had to be relieved for two days, after which the urine began to flow again—at first in very small quantities, but afterwards much in the same way as it did before, and it has continued much the same until a week ago, when I had another complete stoppage, attended, as before, with intense suffering, and was again relieved by the instrument, which gave great pain and more bleeding than before. After the instrument was used a few times, the water began to flow in small quantities at first—this has left the neck of my bladder sore and irritable, and I cannot empty it all at once. Besides the catheter, the doctor used medicine, fomentation, and poultices."

Later stages.

The above presents a fair account of what usually happens in these cases. Later on or sometimes earlier the urine becomes cloudy, and still later it is found to have deposited during the night in the chamber utensil, a quantity of thick, tenacious, offensive mucus. In addition to what has already been said, there are other symptoms, often mistaken for disease, in the region of the rectum—the discomfort alluded to being attributable really to enlargement of the prostate gland, which from its enlargement presses on the contiguous rectum. Occasionally, the first intimation of enlarged or enlarging prostate occurs through sudden retention of urine, and patients are under the impression that there was nothing wrong with the organ previously. Close questioning however, quickly elicits an experience similar to that described in the letter quoted above. The truth is, that however slight the inconvenience, it should not be neglected. The symptoms should be brought under control at the outset. Great as the mistake is, it is of very common occurrence—too frequently turning out to be a *fatal* mistake. It is so, not only with diseases of the bladder and prostate, but with most other diseases—pulmonary consumption for instance, or even a case of toothache. Consumption does not always *begin* in the

Neglect of
warnings.

lungs. These patients will tell you that for years before the lungs became diseased they used to suffer from constant catarrh. Susceptibility to nasal irritation has existed for probably some years—thence it travels to the throat, and the patient becomes subject to sore throat, and ultimately, after much suffering from this latter complaint, the disease gradually passes (by the continuity of the mucous membrane) into the lungs, constituting “pulmonary consumption”

It seems hard to believe that before a person suffers from an agonizing toothache the decay has been gradually progressing without pain, but eventually the decay slowly but surely reaches the sensitive part of the tooth, having occupied from seven to twelve years it may be to accomplish it. Just as the decay of the tooth may be arrested by the early attention of the dentist, so prostatic disease may, by early attention, be greatly relieved—and by the writer’s treatment be not only cured, but prevented from recurring during the remainder of a long life time. Disease of the prostate takes a long time to develop, and patients rarely seek assistance until the gland has become so large as to be seldom restorable to a size where mechanical means can be dispensed with. Independently of this neglect, surgeons are themselves too much in the habit of depending on the catheter for the relief of patients, and too readily at once instruct them how to use it—telling them, moreover, “this (the catheter) is to be your doctor for life.” No doubt, in the absence of better treatment, the catheter has been of great service to many, and has undoubtedly prolonged and even saved many a life. It is nevertheless a remarkable fact, that the writer has been less successful with patients who have habituated themselves to use the catheter than with any others. The constant use of the catheter without any treatment to prevent the growth of the diseased gland, or to reduce its size, allows the gland to go on enlarging,—nay, more, the writer is of opinion that the constant use of the catheter irritates the prostatic portion of the urethra, and assists in increasing its size until,

Slow
development
of prostatic
disease.

Mischief of
the catheter.

sooner or later, the mechanical obstruction becomes so large that it is impossible to have the bladder emptied without the catheter. Independently of this, the writer has noticed during his long experience that when the catheter is once commenced, even when the hypertrophy is not very great, it is with the greatest possible difficulty he can induce patients to leave off using it. The urinary bladder becomes so accustomed to its use that it jibs (so to speak)—in other words, it refuses to obey the will without help. The constant friction of the catheter irritates the mucous membrane in the prostatic portion of the urethra, occasioning inflammatory exudation. This extends to the structure of the prostate, occasioning a morbid condition described by authors as a “peculiar pathological condition of chronic hypertrophy.”

Chronic
hypertrophy

Neglect and
inappropriate
treatment.

Excessive
tea drinking.

Corns and bunions on the toes form in a similar manner—friction from a boot occasions inflammation in the skin. This skin inflammation extends to the structures underneath, including muscle-tendons, sheaths of tendons, fat, nerves, arteries, veins, lymphatics, etc.,—all these tissues become hardened and diseased and form “roots,” as they are termed, which occasionally reach to the very bone itself. These mixed tissues (so to speak) form a new morbid product, confusing the pathologist and microscopist, just as does the tissue found in chronic hypertrophy of the prostate. The truth is, that neglect and inappropriate treatment impel (so to speak) the bladder and other organs to contract bad habits. What with the catheter irritating by constant friction the urethra and prostate, and the buchu, pareira, whiskey, gin, and mineral waters, working the bladder in the other direction, the poor bewildered organ, in its attempt to get quit of the fluid poured into it, becomes enlarged (hypertrophied), just as the heart becomes enlarged (hypertrophied) when there is obstructive disease. When the habit of drinking herb tea and diuretics by the quart shall be done away with, it will go a great way towards preventing hypertrophy of organs. The kidneys enlarge

to an enormous size in diabetes, because they have to pump out quarts instead of ounces—in other words they become hypertrophied, just as the bladder, prostate, heart, or any other organ does if unduly worked.

Enlarge-
ment of the
kidneys in
diabetes.

PART V.

CASES.

NOTE.—*The following Cases are compiled from the writer's note book, and wherever the language of a patient is quoted the precise words, recorded at the time, are given. This plan has been thought desirable, as being the one most usefully guiding to general readers, enabling them to see therefrom in what particular respects their own cases correspond with those here described. It may be useful also to mention that a list of the names, etc., of the several patients whose cases are described in this Part (V.) will be found in the APPENDIX, and that in every instance in which the full name and address are given, those patients may (by permission) be personally communicated with by any desiring information respecting their cases.*

STONE IN THE BLADDER.

No. 1.

Chronic disease of the bladder, with stone—five years of suffering—restored by the spray treatment—stone remains.

Chronic
bladder
disease with
stone.

E. B. consulted the writer in November, 1874.—His appearance gave evidence of great physical suffering—complexion sallow—face careworn—tongue red and irritable—pulse small, weak, and 103 per minute—was feeble generally—very irritable and unable to take much exercise without intense suffering and exhaustion.

After he had urinated (which he did with considerable pain and straining), a catheter was introduced and drew about an ounce of fluid which the bladder was unable to expel. The prostate was enlarged, but more on the left side, and tender to the touch. The urinary secretion was highly alkaline, albuminous, cloudy, ammoniacal and deposited thick ropy mucus. Specific gravity 1·006. His case was considered a very grave one, and after having been under eminent *Allopathic* and *Homœopathic* physicians and surgeons without relief, he was advised to come to the writer's establishment and receive his personal attention. He consented to do so, and the new treatment was soon commenced. After a few applications he expressed himself somewhat relieved, but unfortunately he took a severe cold which went on to a low form of bronchitis, and continued upon him nearly the whole time he was under treatment. The writer has every reason to believe that this circumstance delayed his recovery. However, he slowly improved, the pain lessened, the urinary secretion assumed a clear aspect, the mucus disappeared, and with it ammoniacal odour and albumen, the urine soon gave the normal acid reaction, and the specific gravity became 1·023 instead of 1·006. The patient was under treatment thirteen weeks. Six months after he left London, viz., July, 1875, many of his old symptoms returned, which greatly alarmed him, and he soon presented himself again for advice. He then informed the writer: "I continued well until I drank a bottle of wine with a friend one evening: the next day I rode in an open carriage—it was raining the greater part of the time. I took a bad cold and my symptoms returned." On this occasion he remained under treatment about ten days. At the expiration of this time he came saying, "I am perfectly well again: in fact, I thought of returning home without seeing you. I put myself to a severe test yesterday by being on my legs nearly all day without experiencing the slightest inconvenience." He returned well satisfied with himself, and the writer was gratified at the success

A grave case.

Slowly improved.

Recovery.

Imprudence and relapse.

Perfectly well.

of the new treatment. The following letter received from him fully explains his case:—

“ November 13th, 1875.

History of
the case.

Early
troubles.

Physician's
advice.

Increased
trouble.

“ MY DEAR SIR,—I have pleasure in forwarding you the following particulars of my case of which I beg you will make any use you please. From a *very early* age I suffered inconvenience and pain in passing urine, and at times I remember having difficulty in emptying the bladder at all. I went on thus until the age of 14. When at school I lost all control over the urinary organs, being unable at times to pass urine when strongly desiring to do so and equally unable at other times to retain it one moment after feeling the desire to pass it. None but those who have suffered the like can have any idea of the pain I endured at that time, and it would be futile to attempt to describe it, but (like many another schoolboy who rather than run the risk of being called a ‘ sham ’ will *grin* and *bear* anything) I made no complaint and consequently received no medical treatment of any kind. The attack nevertheless gradually disappeared, and I was not *seriously* troubled again for some five years, when owing as I supposed to the effects of a severe cold, I passed from the bladder large quantities of blood both liquid and coagulated together with mucus. I had advice from a physician of considerable reputation, but to little purpose. After being in this condition for about nine months this disease suddenly disappeared, but returned again after a month or so with more fury than ever. It would be impossible to describe in detail the condition of the urine at this time. It was foul in the extreme, containing blood, mucus and sediment of various kinds to an almost incredible extent, and emitting a most disgusting odour. The pains became very great; intense throbbing at the neck of the bladder; urging cutting and burning pains in the urethra, stinging at the extremity of the penis, gnawing in the groin, soreness inside the thighs, aching over the lower part of the abdomen, continual desire to urinate and intense pain (which I cannot describe on paper) while doing

so. I again sought advice, and after about six months the blood disappeared, but I continued to pass great quantities of mucus and the pains increased rather than otherwise. Thus I went on for about four years when I sought the advice of another physician, the late Dr. R—— (Homœopathist), but did not get relieved to any appreciable degree. Another year passed: I was no better and totally unable to do anything that required the least exertion. I then obtained a copy of your pamphlet on ‘Diseases of the Bladder,’ and eventually placed myself under your care. I persevered with your treatment until the condition of the urine became *healthy*. I then discontinued for a time, but finding that some of the pains still clung to me I again sought your advice, and am thankful to say that after about ten days further treatment I became thoroughly well. I then began to enjoy the pleasurable sensation of existence without pain—a sensation which I assure you none can appreciate but those who like myself have suffered inconvenience and pain almost constantly for many years. Should any ‘Didymus’ require confirmation of the above facts do not hesitate to give him my name and address, and believe me to be,

Applied to
the writer.

Existence
without
pain.

“Faithfully yours,

“———.”

Some time after E. B. was cured he called on the writer complaining of a sensation as if something was rolling about in his bladder, but he had no pain or urinary discomfort. Suspecting the presence of calculus, he was with difficulty examined by the smallest silver catheter procurable, when a stone of considerable size was detected. One of the writer’s assistants who was present at the time verified its presence. The patient was *strongly urged* to have the stone removed, but refused to assent on the plea that as he had “no pain or serious discomfort” he did not care to have it interfered with. Some considerable time after this he was written to and the following reply was received:—

The stone
remained.

" July 15th, 1879.

" MY DEAR SIR,—Thanks for your note. I cannot make up my mind that I have stone—it seems to me that if I had I should necessarily be more plagued than I am. However, it is a matter that can be easily corroborated some day when I have the opportunity of paying you a visit. Just now for various reasons it would be difficult for me to get away. With kind regards, hoping to see you in health when the fates permit my coming to Welbeck Street.

" Believe me, etc.,

" E. B."

NOTE.

The writer's
preparatory
treatment.

One element in the treatment of the above case though more particularly referred to in a preceding part of this present edition, nevertheless seems to deserve special mention here inasmuch as its application so greatly contributes to the success attained in such cases. The writer refers to the *preparatory* treatment pursued by him—a treatment which renders the bladder remarkably tolerant of the existence within it of a stone, and which, as the writer has found, diminishes to a minimum the chances of death under subsequent operation in even the severest of cases, and gives to the writer the utmost confidence in the application of his own peculiar plan—peculiar that is in the sense of its being wholly distinguished from the methods of treatment generally applied.

The case, too, (of I. C. W. I.) brought under notice in the following page, and which was similarly treated, furnishes a further illustration (out of many that might be adduced) corroborative of the foregoing remarks.

This patient came to London to be treated for disease of the prostate gland. While under the writer's treatment a large stone was detected in the bladder and the patient was accordingly urged to have it removed. He repeatedly told the writer, in the presence of other medical gentlemen, "I am so much better from your treatment that I care not for the stone. You have cured

my prostate, and I don't care for the stone as it does not inconvenience me." The following letter shows this patient's improved condition when he left London.

No. 2.

Disease of the prostate and impacted stone—restored in a month—stone removed.

"August, 1880.

Prostatic
disease and
stone.—
Testimony.

"I, I. C. W. I., Postmaster of —, Northamptonshire, desire to testify to the great benefit I have received from the treatment of Dr. DAVID JONES, of Welbeck Street, and 192, Clapham Road, London, and I wish for the benefit of others who are suffering from the most distressing complaint that mankind can be afflicted with and from a desire to manifest my gratitude to Dr. JONES, to make this statement, viz.: That after having been afflicted from February, 1880, to the middle of July of the same year from enlargement of the prostate gland, and all that time being under my own family doctor, who could give me no relief only what I could obtain from morphia which was fast taking away my life, and being told that I must patiently bear it and get as much fresh air as I could, as there was no cure for it; my life became a burden to me. I happened at this time to see Dr. JONES' advertisement, and wrote for one of his books on 'Diseases of the Bladder and Prostate Gland,' and although against the advice of some of my friends, I felt determined to try what the doctor could do for me. Accordingly I applied to him and was admitted into his establishment at Bolton House. From the very first application of Dr. JONES' treatment I received some relief. After the second considerable improvement was manifest, and after being with him a month and under his treatment twice a week, I have nearly lost all the bad effects of the enlargement of the gland, and I hope in a day or two to return home perfectly cured with a heart full of gratitude to the doctor for having (through the blessing of God) restored me to my family and friends again. I shall be happy to answer any inquiries respecting Dr. JONES, who has restored me to comfort and happiness."

"Must
patiently
bear it."

Wrote for
one of Dr.
Jones's
books.

Relief.

Removal of
stone.

Mr. I. C. W. I. subsequently had the stone removed with great relief. Another large stone was too deeply impacted for removal. He lived in comparative ease a long while, but eventually died of kidney complications and senile decay.

No. 3.

Stone in the bladder, weighing one ounce (minus five grains).

Mr. G. H., Southampton, aged 63.

Large stone.
Sudden
seizure.

About seven years ago, while apparently in good health, he was suddenly seized during the night with very severe pains in the back extending to the hip of the right side, front part of the right half of the abdomen, the generative organs, as well as the front part of the thigh. This was attended with cold sweats and coldness all over the body. His medical attendant administered the usual remedies, aided by hot bottles to the feet, sides and perineum. He soon got better and was able to resume business again. This attack was clearly that of passing stone from the right kidney. Previously to this attack, as well as afterwards, he had noticed that the chamber utensil was frequently covered with gravel, but as this gave him no trouble he thought no more about it.

Repeated
attacks.

Six months after the first attack he was again seized with similar symptoms and in like manner got better by a repetition of the treatment. Twelve months later, however, he was seized for the third time.

Soon after this he was quietly sitting in his office when an urgent desire to urinate came on without any warning. In the act of doing so a small stone "shot out" with some violence, which satisfied him that he was suffering from stone in the bladder. He suffered little or no inconvenience for a long time after this, but always noticed that he urinated more frequently than other people, which made him fidgetty. As a small stone had passed he flattered himself that he had got rid of his enemy, but such was not the case. He was able, however, to attend to his business in the usual manner until a year

ago, when he went out some distance on horseback. The riding exercise increased his suffering tenfold—the bladder irritation became unbearable, and he passed a large quantity of blood at variable intervals. From this date he became worse, until he consulted the writer on the 22nd October, 1879. He was ordered to take rest, and appropriate remedies were administered. When his symptoms had subsided and the writer's spray treatment had got the bladder into a healthier state, the patient was operated upon.

Consulted
the writer.

The patient was placed under the influence of ether, and a very hard lithic acid calculus was most effectually reduced into fragments by BIGELOW's large lithotrite, and removed by the tubes and aspirator in 55 minutes, including the time occupied in cleaning the lithotrites. The *débris*, when dry, weighed 475 grains, *i.e.*, five grains under an ounce. The only difficulty that presented itself was the *débris* between the blades of the lithotrite, retarding its removal through the urethral canal. Mr. MELTZER (of the firm of MESSRS. MAYER & MELTZER), who was present, saw the difficulty which the writer had to encounter, and has since manufactured for him, under his instructions, an improvement upon BIGELOW's instrument, which is mentioned in Part IV. (page 50). The patient made a rapid recovery, and returned home in a few days. He might indeed, so far as his health was concerned, have left some days sooner.

Calculus
crushed with
Bigelow's
large litho-
trite.

Recovery.

So completely did BIGELOW's aspirator wash out the *débris* that not a grain was passed with the urine afterwards. With the exception of slight bleeding from the urethra, not a single bad symptom occurred.

Mr. H. called upon the writer in January, 1880, and reported himself in perfect health.

No. 4.

Two lithic acid stones, weighing collectively 220 grains.

G. G., aged 67, Leeds.

This gentleman's case presented the usual signs of stone without any complications. The writer, when

Two lithic
acid stones.

Healthy-
looking
patient.

first consulted by this patient, could not help remarking to himself, "This gentleman *ought* to have stone." He had the appearance of a perfectly healthy man, whom (so to speak) no one would pity—tall, stout, commanding, with a ruddy countenance—the picture of a good-tempered English gentleman. His countenance brightened with a smile when spoken to. He looked less like a patient and much less serious than his anxious son, who accompanied him.

History of
the case.

Many stone cases occur in such persons. He gave the history of his case in a manner the writer has often wished other patients would follow—clearly and truthfully. No case of stone could be detailed with more accuracy and faithfulness. He said, "I have been suffering, doctor, for two years. I first noticed bits of gravel in my water, attended with uneasiness at the tip of my penis, and a worrying desire to pass water more frequently than natural, which gradually got worse till I had to urinate every ten minutes. I was always worse after exertion, such as riding in a trap over roughish ground. This brought on shivering fits, and not infrequently large particles of stone came away from me with a lot of blood. The pain and uneasiness were always worse after I had passed water, very bad indeed, but went off in a few minutes after considerable straining, until I wanted to pass water again. I am quite well when lying in bed or on the sofa, but as soon as I get up I have to be at it again."

Successful
removal of
the stones
and rapid
recovery.

The process of "sounding" soon revealed that he had two small calculi. He was sent to Bolton House, and after slight preparation the stones were removed, under the influence of ether, in nineteen minutes. He made a rapid recovery; the only little trouble he suffered from afterwards was inflammation of the testicle, which occasionally—very occasionally—follows the use of instruments in the urethra, independently of stone. The patient soon recovered from his secondary discomfort, and has enjoyed good health ever since.

No. 5.

Lithic acid stone, half a dram under an ounce in weight—complicated with two strictures.

G. F. V., aged 38, widower.

This patient had been engaged in very heavy work, necessitating a considerable amount of stooping. For many years he had been subject to pain in the back, which he generally attributed to his occupation. His discomfort increased, which induced him to employ various domestic remedies, but without benefit. His doctor told him he was suffering from lumbago, and treated him accordingly. Getting no relief, he went to St. George's Hospital as out-patient and remained under treatment for three months. At that time he suffered considerable uneasiness, and passed blood in his urine occasionally. Eventually his urinary symptoms became more troublesome, and his urine occasionally became tinged with blood. This led his hospital surgeon to sound him for stone, but none was found. Getting no relief after three months' treatment, he went from doctor to doctor without deriving relief until ultimately he left off doctoring altogether and was just as well without medicine. Afterwards, additional symptoms troubled him. He passed water more frequently, and was in more pain. He consulted another doctor, who likewise "sounded" him for stone, but he also failed to find one. Finding ultimately and after enquiry that the writer had treated such cases with success, he accordingly in September, 1879, presented himself with very severe symptoms. An examination revealed two strictures in the urethral canal, one two inches from the meatus and another about five-and-a-half inches. Both were very contracted strictures admitting only No. 2 French catheter. In the course of a few weeks he was much relieved; still he passed blood with urine and had considerable straining after urinating. A microscopic examination revealed lithic acid. An examination for stone by "sounding" made his case beyond doubt. He was advised to enter

Large lithic acid stone, with complications.

Patient sounded for stone at St. George's Hospital but none found.

Applied to doctors elsewhere without relief.

Presented himself to the writer.

Stone
removed.

Rapid
recovery.

the writer's "Home Hospital." He was placed under ether, and in five minutes under the hour a calculus weighing an ounce less half a dram was removed. He made a rapid recovery and left the Home Hospital in a fortnight. Since then he has been perfectly well—all his painful symptoms (his backache of seven years' duration included) have disappeared—and the writer has been informed that he is now married to a second wife.

G. F. V. called on the writer in January, 1882, in perfect health and has been so ever since he left the Home Hospital.

No. 6.

A remarkable case of stone, complicated with a very large prostate, occupying the writer three months before he could get entrance into the bladder and "sound" the patient.

J. P.

Remarkable
case of stone,
complicated
and tedious.

No relief
from local
practitioners
or London
physician.

Applied to
the writer.

Symptoms.

J. P. had been suffering from urinary trouble for a long time, and had been getting gradually worse, but more particularly during the last eighteen months.

Getting no relief from the treatment of several medical gentlemen he had consulted (in his own neighbourhood), he came to a London physician associated with Guy's Hospital, whose prescriptions he followed, but without benefit. He now sought the writer's advice. His symptoms were as follows:—

(1) Intense irritation in passing water, which he has to do every hour or two hours during the day but less frequently at night. (2) He is always worse for two or three minutes after emptying the bladder. (3) The pain extends to the perineum (crutch) and fundament, so that during each act of urination there is severe involuntary straining in the rectum (back passage). [The above symptoms were so severe that the writer entertained

serious doubt as to whether there was not some malignant disease of the lower bowel. [The spasmodic seizures were so violent, sudden, and uncontrollable that the patient could seldom reach the commode without great unpleasantness.] (4) At the commencement of his illness he passed a large quantity of blood after emptying the bladder and after any kind of exertion. (5) He has been examined for stone four or five times by his various medical attendants, who assured him one and all he had *no* stone. His London physician, however, told him he "thought he had." (6) Is *worse* when lying on his back, and easier while lying on either side, and easier on the left than on the right. (7) The urinary secretion is loaded with mucus, pus, and blood. (8) An examination *per anum* (by the lower bowel) discovers the *largest* prostate gland the writer ever examined. A small elastic gum catheter was introduced with some difficulty, and six ounces of very foetid residuary urine, mixed with blood and mucus, was withdrawn from the bladder. (9) Under the microscope are seen pus and blood globules and crystals of oxalate of lime, "dumb-bell" as they are called (from their resemblance to a dumb-bell). (10) The prostate so large that an ordinary "sound" could not be introduced—the passage also so sensitive that the operation of "sounding" was abandoned for another day. He was, moreover, very corpulent, and it was with the greatest possible difficulty he could remain on his back without a sense of painful suffocation—in fact, it was postponed till it could be properly done under ether. In about a week this was tried without effect. He took the anæsthetic very badly, and it had to be left off on several occasions to avoid accident. After repeated attempts it was found on examination that the part of the urethra corresponding to the prostate was dilated into a pouch, which resembled a second bladder, so that the sound *appeared* to enter the bladder but did *not* do so. He was examined over and over again by the "sound," but it never could be coaxed to enter the bladder; this will account for the patient's

Symptoms.

Hardest
form of cal-
culus, with
enormous
prostate.

former medical attendants failing to find stone. These examinations tried the poor fellow sorely. The symptoms above described appeared very conclusive, and indicated that he had the worst and hardest form of calculus, *oxalate of lime*, complicated with an enormous prostate. Still, it is a rule in surgery never to assert the presence of stone without the *physical* proof which "sounding" elicits.* To afford permanent relief it was clear the foreign body (stone) must be removed, and it was all but decided at one time that the operation of "cutting" (lithotomy) was the only means to be adopted to relieve him, but considering how fatal the "cutting" operation (lithotomy) has been, and considering also the peculiar constitution the writer here had to deal with, a resolute attempt was made to dilate the urethral passage and reduce the size of the prostate and remove the stone by the writer's method aided by BIGELOW's operation.†

Treatment.

It was clear that the first thing to do in this case was to attempt to do what high authorities say *cannot* be done "by any known means,"‡ but which the writer maintains not only *can* be done but *has* been done, viz., to *reduce* the size of the prostate. The writer's system (the spray treatment) was now put to a fair test, and as this patient (and many more) can testify, he was greatly relieved during the spray treatment.

In this case the enlargement was in the *median* as well as lateral lobes—the quantity of residual urine (only six ounces) clearly indicated that such was the case. A very small amount of enlargement of the *median* lobe gives a considerable amount of discomfort, while a very great amount of enlargement of the lateral lobes might exist without much discomfort being co-incident with

* Cases are on record where patients have been "cut" for stone and no stone has been found. Cases have also been recorded where the stone has been struck (sounded) with the instrument called "a sound" at one time and not at another.

† One in about three-and-a-half to four patients treated by the "cutting" operation in adults die. Other authorities give the percentage as one in seven.

‡ See opinions of Sir Henry Thompson, Van Buren, Keys, Gant, and others in article on the Prostate (pages 58, 59, and 60 in this edition).

the disease. After treatment for the prostate had been employed for some time it was thought advisable to employ additional means with a view of enlarging the urethral canal for the purpose of "sounding." This was done for some time, and another attempt was made to "sound" the patient again while under the influence of ether. The ordinary "sound" would not pass into the bladder, notwithstanding repeated attempts by the writer, aided by attempts made by three other medical friends present. *All* attempts were ineffectual—it was found impossible to "sound" him. The question of "cutting" was put before the patient in a day or two as being the only means of getting rid of the stone. The patient replied, "But, sir, you can't be certain, you say, there is stone without sounding me, which appears to be the only safe test." The writer could not but assent to this as true, and he might have told the patient that patients had been (apparently) sounded and afterwards cut for stone and no stone found. The rule is that the "sound" must *touch* the stone by more than one surgeon *at the time* the operation is about to be performed. In this case this could not be done, the "sound" would not go into the bladder. All these circumstances weighed heavily on the patient's mind as well as on that of the writer. The writer was nearly, though not physically, certain that stone was present, still he *might* be mistaken in his diagnosis, and a fellow-being's life might be sacrificed. The treatment was proceeded with and with good results.

Finding the ordinary (stiff) "sound" could not be introduced into the bladder, in the emergency, the writer attempted another kind of "sound." The ordinary "sound" appeared to be obstructed long before it reached the bladder, which he thought was due to its being straight and stiff. On this account he asked Mr. MELTZER, of the firm of MAYER & MELTZER, to make a longer "sound" with a flexible shaft and metallic tip. A shaft of this kind of "sound" would give or bend according to the tortuosity of the canal. The circumstance

Special
sound re-
quired.

that actuated the writer was this: If (he argued) there is a stone, it would no doubt be found behind the enlarged prostate. Even if a stiff "sound" could be coaxed into the bladder the stone would not be reached, consequently the physical test (the most reliable one of all) would not be available. He argued also that if a flexible "sound" could be coaxed into the bladder, it might be cautiously glided along the posterior part of the bladder, and meeting with an obstacle the flexible handle would bend and bring the metallic tip forward towards where the stone usually lies. The writer's view proved true—the first trial verified his reasoning—the stone was at once discovered. The stiff "sound" could never have been brought in contact with the foreign body. It is not to be wondered at, then, that J. P.'s former medical attendants failed to discover the stone, but the writer is of opinion that at the stage of the disease when he was examined the "sound" never really passed beyond the pouch-like dilatation already described. The wished-for object now accomplished, the writer was encouraged, as was the patient, and it was decided to continue the spray treatment for a while longer. "If I can be cured (said the patient) without the knife, I won't mind the time occupied. I am wonderfully better already." He also said, "They are grumbling at home about the length of time I have been away, and many have said that I should never return home alive, but by God's blessing I hope to disappoint them." The treatment was continued with vigour, and by the aid of dilators and the spray treatment a lithotrite was ultimately got into the bladder. Accurate dimensions of the stone, said not to exist, were soon taken, and in a few more days a hard stone, composed of oxalate of lime, was removed, and the suffering patient was speedily relieved.

Removal of
stone—
speedy
recovery.

Mr. J. P. visited London in November, 1881, in perfect health, and well pleased with all that had been done for him.

No. 7.

Stone discoverable only occasionally—Removal of large oxalate of lime stone, weighing nearly four ounces.

G. S., aged 28, married.

The following narrative of this patient's sufferings was given by himself, and it is here presented *in extenso*, partly as information to other like sufferers, but chiefly as both suggesting and justifying the remarks appended respecting the instruments used in this particular case. The patient's statement is as follows:—At the early age of 19 years he had a most unusually constant desire to urinate, accompanied by pain at the end of the penis. He kept on at his work (fireman on a locomotive engine) for twelve months, when he got worse, passed blood, and had to urinate every few minutes. He consulted a doctor at Castle Bridge, who sounded him and suspected stone, but could find none, and recommended him to a doctor at Carlisle, who also sounded him, discovered a stone, said it was a large one, and sent him into the Carlisle Infirmary, of which he was a consulting surgeon. He went in, and the house surgeon and some of the visiting surgeons examined him several times, but could find no stone. After he had been an in-patient for six weeks and had been examined several times unsuccessfully, the before-mentioned consulting surgeon came in and said, "Why are you keeping this patient so long?" and he was told that the patient had not got a stone. Upon this he sent for his instruments, and using them, at once discovered a stone. Two weeks after this he was put under chloroform and again examined by the consulting surgeon, who said the stone was smaller than on his first examination he thought it was, and that it was prickly like a horse chestnut. It was decided that the patient should be "cut," and he was told that the "cutting operation" would be better, and not so painful or protracted as the crushing operation. He had now been in the hospital nine weeks; and at the end of eleven weeks

Very large oxalate of lime stone—history of the case.

Hospital experience.

Discon-
tinued
treatment.

he had to leave the infirmary owing to domestic troubles which culminated in the death of his wife. His father now would not allow him to return to the infirmary, as he was afraid the operation might prove fatal, so the patient started work again. Soon, however, he began to pass blood in the urine, and a friend advised him to try a medicine known as "Dutch drops." This stopped the blood and brought away a large quantity of mucus, and in fact did him much good, but it soon lost its efficacy, and he got as bad as ever. He was then off work for eight months, when, although still very ill, he tried to start work again. He, fortunately, got an easy place and worked on and off till Christmas, a period of four months, when a friend recommended him to try some herbs which he declared had dissolved a stone from which he had been suffering for some time. He accordingly took these herbs for a week, but got much worse and gave them up in disgust. He began work again, and in about another week he thought the stone was being dissolved and passing away, as he passed a large quantity of urine of a sandy consistency. From this time he gained flesh and rapidly got better. He worked at his previous occupation, and continued to do so without any very material inconvenience for five years. It should be noted that although apparently well (for he concluded that the stone was entirely dispersed), his urine was always more or less clouded during the whole of these five years.

Deceptive
recovery.

The patient had in the meantime married again. About two years ago when on his engine he suddenly felt something move in his bladder, accompanied by the old pain at the end of the penis. This discomfort lasted for a fortnight, and he then got better. He continued to work for another twelve months, during which time he was sometimes better and sometimes worse. The following Christmas, however, he broke down entirely. All the old and worst symptoms came on again. His urine dribbled away from him involuntarily, and he continued in this state for three months. He then got slightly

Return of
the old
symptoms.

better again and went to work for seven weeks, but ultimately succumbed to a return of his old symptoms—at this time he lost all control over his bladder.

The foregoing statement narrates the circumstances under which this patient consulted the writer, and which led to arrangements being made to receive him into the Home Hospital in Dean Street, Soho, on the 12th day of September, 1881. He was examined on the same day by Dr. JONES, who at once found a very large stone and determined to operate. Unfortunately the patient caught cold, and the operation had to be postponed for nearly a month. After preparatory treatment to subdue the irritable and inflammatory state of the bladder, which the spray treatment most effectually does in some cases, the patient was placed under the influence of ether. The stone was seized with one of BIGELOW's large instruments, but was soon found to be so large as to prevent the lithotrite locking, and though seized in several directions the screw would not bite. An attempt was then made to bring the male and female blades together, by forcibly opening and closing the blades, but the stone would not give way. The writer now attempted to break the stone by tapping with justifiable force with the ball of his hand. This was repeatedly done without effect.

Consulted
the writer.

Difficulties
in operation.

The stone measured two-and-a-half inches in the largest direction, and two-and-a-quarter in another, and two inches in the narrowest direction, thus showing it to be nearly as broad as long—in fact, nearly alike in measurement in all directions. Until BIGELOW's lithotrites were introduced, surgeons never attempted to crush an oxalate of lime stone larger than a small chestnut, but unhesitatingly reserved it for the "cutting" operation. Authors have written of this kind of calculus—"The lithotrite recoils from it and feels as if a bit of iron were between the blades." What was to be done? Lithotomy (the "cutting" operation) seemed the only practical way of removing the stone. Knowing, however, the fatal results so often attending this operation,

Exceptional
expedient.

as applied to large calculi, in cases other than those where the patients are children or under the age of 21, the writer resolved to try the effects of comminuting the stone with a hammer, as had been successfully done in the case of E. H. (see Case No. 13). Every precaution was taken to avoid injury to the bladder by sharp fragments which might unavoidably happen in forcibly crushing such a stone as he had to deal with. For instance, the bladder was filled with warm water—the hard stone was brought as near as possible (between the blades of the instrument) to the centre of the bladder before the process of crushing commenced, thus securing an arrest, so to speak, in all directions, of the splintered fragments—in other words, the fragments must in this way be impeded in all directions before reaching the walls of the bladder. By this means mechanical injury (the chief drawback to ordinary lithotrity) was avoided.* All things being arranged, and the stone being well secured between the male and female blades of the lithotrite, the male portion was struck with a good sized hammer, severely and successively, when, after a considerable amount of hammering, the stone gave way. On attempting now to seize again other fragments, the lithotrite was found to be crippled. It had to be withdrawn and substituted by another of equal strength. A large fragment was now seized measuring an inch and a half. All the strength the writer could bring to bear was exerted. The stone, now reduced to a much smaller size, was still too tough. Attempt after attempt was

Further
difficulties.

* For many years in the performance of ordinary lithotrity, the writer employed with considerable advantage bland and thick, yet soothing fluids, such as gruel, linseed tea, gum water, quince, glycerine, and emulsions of various kinds. These fluids, he is assured, are of great use, since they intercept to a great extent the contact of hard fragments with the coats of the bladder, and by this precaution mechanical injury to the already inflamed bladder was done away with. With his own mode of treatment, however, this is not necessary, inasmuch as his preparatory spray treatment in most cases subdues inflammation. Nevertheless, he still, in some cases of very irritable bladders, employs these bland and soothing fluids, and in case of lithotrity, or even Bigelow's operation, in the hands of other surgeons, he would still strongly recommend that plan of treatment.

made, but without effect. Dr. BUCK, a medical gentleman present, was asked to steady the handle of the lithotrite while the writer was working the screw. Finding his attempts were ineffectual, another gentleman present was asked to try his strength, but failed in his attempt. The physician who had charge of the anæsthetic (ether), a powerful man nearly six feet high, and proportionately strong and muscular, was asked to try his strength. He also failed. The hammer was again employed, but this lithotrite, like its predecessor, came to grief. An attempt was made to unlock it, but it was found impossible—it was immovable. Fears were entertained that one of the blades of the lithotrite within the bladder was bent. It was, however, soon found that the obstruction was in the handle. It was found that the concussion of hammering had, by accident, partly locked the instrument. The male blade of the lithotrite had been battered (so to speak) into the female blade and the instrument became perfectly disabled. A messenger was dispatched to the makers of the instruments asking them to bring proper tools to overcome the difficulty. Messrs. MAYER & MELTZER were soon on the spot. The instrument was unscrewed and liberated, the obstruction being (as anticipated) found to be in the handle. The operation now proceeded, large instruments being employed, and in the course of one hour and thirty-five minutes (including the delay) the whole of the stone was satisfactorily removed with the exception of one small fragment, which was removed in about a week after the operation. The patient made an excellent recovery, and has continued well ever since.*

Stone
removed.

Recovery.

* Remarks on this case, in relation to the writer's improved lithotrite, will be found at page 50.

No. 8.

Disease of the bladder of long standing, with dangerous condition of the kidneys, and other complications caused by stone which had been overlooked.

Necessity for powerful mechanical appliances.

[This case, like the preceding one, shows the importance of having at hand, and available for use, mechanical appliances of sufficient power to meet emergencies arising where the stone is found to be unusually large and hard.*]

E. T., aged 39, married.

Overlooked stone, with dangerous complications.

Stated he had been suffering for thirty years. When only nine years old he had pain in the back, and blood was noticed in his urine in considerable quantities on several occasions. His mother was told that he had disease of the kidneys, and the doctors feared he would not survive the age of 17 or 18. Besides the blood, which was said to come from the kidneys, he suffered pain in urinating, usually worse at night, and after emptying his bladder. His school fellows accused him of being idle, as he seldom joined in school games—running or jumping he could never indulge in, as violent exercise of any kind greatly distressed him. From the age of nine till eighteen he suffered off and on great pain—always wanting to pass water. On several occasions the schoolmaster accused him of “shamming,” till his parents assured him and satisfied him it was not so. About the age of eighteen his symptoms became gradually more urgent. His condition fluctuated during several years, and although always looking ill, he got on with his work pretty well. He was told that married life would improve his health, and he accordingly married, but became worse, and had to “declare” on his club for many weeks at a time. The certificates given him by the club doctor stated that he was suffering from “inflammation of the kidneys and bladder.” In the early part of 1880 he consulted one of the writer’s assistants, and got some relief, but, as happened before, he was laid up from time to time under the club doctor.

History of the case.

* See a description of the writer's own Lithotrite, page 49.

On February 19th, 1881, the writer saw him for the first time, when he said he had been "on the club for some months, and that the club members were getting tired" of him.

Patient seen
by the
writer.

His symptoms were:—(1) Considerable pain night and day, but "worse at night." (2) He had to urinate about every twenty minutes. (3) The urine was intermixed with mucus and blood. (4) The urine, loaded with albumen, was very offensive. (5) His countenance sallow and careworn—eyes puffy. (6) No appetite. (7) Constant vomiting. (8) Breath very short. (9) Ankles and legs slightly swollen. The writer noted in his case book:—"Poor fellow, death is depicted in his face."

Symptoms.

On examination a large calculus was discovered—introduced catheter—twenty-four ounces of ammoniacal urine withdrawn—washed the bladder with water at 98°, acidulated with acetic acid. These operations over, a spray was contemplated, but the catheter having become impacted by the large stone, an application had to be administered through the catheter. After a little gentle manipulation the catheter was withdrawn, and instructions were given to empty the bladder twice a day and to wash it with a warm solution, which was done. He was seen and treated several times during the next month, giving decided evidence of continued improvement.

Discovery of
stone.

Treatment.

April 2nd he said, "I am decidedly improving in every way; I have less pain. I go an hour-and-a-half to two hours at a time during the day, and at night I am also better in myself. I go half an hour and three-quarters of an hour at night, which is always my worst time."

April 23rd.—Told to empty his bladder—result of effort, one ounce and a half, clear and without pain—drew by catheter twenty-six ounces—very little mucus, but urine still albuminous—more pain in his loins than he has had for weeks.

May 7th.—“Slept two hours without awaking last night, and feels better day and night than for many months. The urine, however, comes away unconsciously when asleep.”

May 21st.—Has made further progress. Ether had been given three times, at intervals, from the 7th May, which he took well, and, with the exception of extensive mischief in the kidneys, great progress made in general health. He has still pain over the loins, also headache. He was made aware of the risk of the operation of removing the calculus by cutting, and of an equal risk, indeed, of any operation, owing to his bad state of health, and particularly having regard to the disease in his kidneys. Both he and his friends, who knew the improvement he had made under the preparatory treatment, felt sanguine of success. So, indeed, did the writer and several medical friends who had seen him. The kidney mischief was a chief object of concern; still it was to be hoped that on the stone being removed, and the health of the bladder restored, that mischief would itself become corrected. It was, therefore, decided to perform the operation on Sunday, May 22nd. The stone was found to be a very hard lithic acid formation, and measured two inches and three-quarters in one direction, two inches and an inch and a half in other directions, tapering, therefore, towards one end. Ether was administered. The stone was readily seized, but the lithotrite would not lock. Tapping, however, with the hand soon crushed a portion of the stone, and the remainder of the process was less difficult. Some of the fragments were evidently round and hard, and kept continually slipping away from the blades of the instrument, and for some time a process of nibbling (so to speak) was repeated. When the patient had been under ether for an hour, the gentleman who had charge of it, having never before administered it in a prolonged operation, became very anxious and nervous. The writer, seeing this, released him from his responsibility and administered the ether himself, handing over the litho-

Operation.

trite to another gentleman who was present, who completed the operation in another thirty-five minutes, most satisfactorily.

May 23rd, 9.30 a.m.—Has passed a somewhat restless night, constant micturition, and passed some blood, but on one occasion slept an hour-and-a-half, face pinched, nails blue, hands quite cold, temperature 101. Subsequent condition.

Same day, 4 p.m.—Temperature risen to 102.2, hands still cold and nails blue, slept an hour.

Same day, 8.20 p.m.—No perceptible change, but is cheerful, and has slept an hour-and-a-half since 4 p.m., urination still painful.

May 24th, 10.30 a.m.—Temperature 101.1, slept three hours during the night and shorter intervals at variable periods; passed, since the operation, blood and mucus in good quantities, but no *débris*; urine clearing, takes food well, is very cheerful, hands quite warm; urine still clearing, and he passes it with more ease.

May 25th.—Improving in every way; countenance natural, slept well at intervals during the night, takes food well, temperature normal, water still cloudy, and the patient says:—"What a comfort it is to be able to pass water so freely and in such quantities!"

May 28th.—Does not seem quite so well in himself, a little blood again intermixed with the urine; slight fever. On examination a small fragment of stone discovered in the bladder, but at once easily removed. Another fragment of stone.

May 31st.—Much better in himself, but complains of pain in the loins.

June 5th.—Has continued gradually to improve, but, for some reason, the urine is cloudy and foetid.

June 10th.—Improving but "thinks he has taken cold, which has increased his back pain;" the urine has again become cloudy and is very foetid, feels chilly, and has no relish for solid food. The urine is albuminous and alkaline. He is suffering from secondary cystitis, which usually occurs about the fourth to the seventh day. This

condition at so late a period (eighteen days after the operation) is very unusual. The urine is intensely foetid, resembling the foetor noticed in cancer of the bladder. The temperature is 99° .

June 22nd.—Has had a bad night, and appears to have had a shivering attack, very much resembling urethral fever. Fear is entertained of suppuration at the seat of pain in the loins; temperature $100\cdot2$; cheeks flushed. To have a bath at 100° , and another in twelve hours, if not better. Aconite to be given in five-drop doses of the first decimal dilution every two hours, and a compress of Hepar Sulphuris to be applied to the seat of pain, and the same remedy to be substituted for aconite in twelve hours, if not better.

June 23rd.—Is much improved—no return of fever.

June 24th.—Continues to improve.

June 28th.—Is very much better; takes food with a relish and wants to go to the seaside for a change of air.

Progress. From the above date he continued to make fair progress—the variations being due to his sensitiveness to cold, and affecting his kidneys. Although he did not quite recover while in the hospital, he was sufficiently restored to take leave of it, and before going to the seaside he went to his own home for a time. While

Relapse. making preparations to go into the country the kidney mischief again presented itself, his general health failed, he had several severe shivering attacks, and considerable swelling over the region of the right kidney. Soon afterwards he felt something “give way” in that region. The urine became very much thicker and very foetid, the feet and legs began to swell, and it became evident he could not long survive. An abscess had formed in the kidney, which broke and discharged itself into the bladder. He soon became comatose, and died from a complication of disorders—blood poisoning, bronchitis, and abscess of the kidney, and notwithstanding the very successful removal of a large stone weighing 5 ounces and 30 grains. Although the patient died, it cannot

Death from
complication
of disorders.

be said that the death was due to the operation. The length of time he suffered with stone (though not discovered), the irritation and disease of the kidney—in a word, long standing disease—contributed chiefly to the fatal result.

No. 9.

Two small calculi, weighing collectively only twenty grains—Patient unsuccessfully sounded by several surgeons.

F. L., aged 42,

Who appeared many years older, stated that “he had been a great sufferer from urinary trouble for six years—had been under the treatment of several surgeons of celebrity without relief, who agreed in saying he had kidney disease.” He looked pale and emaciated, and had the appearance of a man suffering from what one of his medical attendants called his disease, viz., “Bright’s disease of the kidneys.” Finding no relief from the surgeons consulted, he went to St. George’s Hospital. He had been examined for stone by all the doctors he had been under, but no stone was found. The writer’s record of his case (in addition to the foregoing) is as follows:—“His appearance is pale, his countenance giving evidence of great physical suffering. The cellular tissue under his eyes is slightly swollen and puffy. He says he is worn out with pain and anxiety on account of not being able to attend to his business. He has passed eight or nine small fragments of gravel at uncertain and irregular intervals from the commencement of his suffering. Has always more pain after urinating, and after unusual exertion. Occasionally, while in the act of passing water the stream of urine suddenly stops.” The writer gave the patient to understand that he had most of the typical evidences of stone, and that if he did not get better he must be again examined for stone, but he replied, “I don’t think it is of any use; all the doctors

Two small calculi.

Patient examined for stone by hospital doctors—none found.

Severe suffering.

Typical evidences of stone.

Search.

have examined me for stone, but none of them found any." He continued under the writer's care without any benefit for a considerable time, and ultimately consented to enter the Home Hospital. He was "sounded" from time to time for stone without success. Eventually he was examined in the standing position, and a small foreign body was discovered. After some preparation he was placed under ether, in the presence of several medical gentlemen. Although the writer was absolutely confident there was a small calculus in the bladder, he searched in vain for more than twenty minutes. The medical gentlemen were asked in their turn to search for the foreign body, which they did, each in turn, and each confidently affirming that the writer had "made a mistake," and that if there had been a stone in the bladder it must have been found. The writer tried once

Discovery of
stone by the
Writer.

more and brought away a fragment not larger than a barley-corn. The operation was discontinued and the patient put to bed. In a few days the patient said he was better. At the end of a fortnight the urine did not clear, and the discomfort, though not so bad, was still very trying to the patient. A lithotrite was now introduced and another fragment laid hold of and extracted.

Removal.

The patient rapidly recovered, and gained health and strength. The urine became quite clear, he lost all his trouble and has been perfectly well since, and continues so now—after the lapse of several years from the time when the small fragments were removed.

Recovery.

It is difficult to understand how such a small body could bring a man nearly to death's door, while, in another case the foreign body (alluded to on page 17) weighing nearly nine ounces remained quiescent and harmless during many years of a man's lifetime.

Stone weighing only eighteen grains—Patient sounded in London, Liverpool, and Manchester unsuccessfully—Discovered by the writer.

J. B., aged 52.

He had been suffering for nearly five years; under several physicians and surgeons of distinction in Liverpool, Manchester, and London, and had been "sounded" for stone about twenty times. When he came to the writer the following was recorded: "Has all the symptoms of stone in a marked manner, has to make water twenty times a day, passes blood with his urine every time he goes to stool, and occasionally at other times; passes water in a moderately full stream, but occasionally it stops during the act; is worse after his day's work; being a town traveller he has to get in and out of his trap a great many times during the day; has great discomfort at night when in bed, and passes water six or seven times during the night, and after doing so has great discomfort in the rectum, and a feeling as if the bowels wanted to be relieved; has drunk gin and whiskey pretty freely. The urinary secretion is normal in quantity, and is of an acid reaction, but traces of blood are seen when examined under the microscope; has an ounce and a half of residuary urine."

Small stone.

Symptoms.

He was treated by the writer for three months with considerable benefit, and was perfectly satisfied with the progress he was making, until one day he was seized with intense discomfort, and passed, he thought, "about a pint of blood." The writer was summoned to his bedside, and after some trouble the blood was arrested by suitable treatment, including the application of ice into the lower bowel. In about a fortnight he was well enough to be removed to the Home Hospital.

Treatment.

After a number of "soundings" a small hard stone was discovered. He was prepared for the operation of

Soundings.

removal, and a day was appointed for its performance. When well under ether a search was made, but no calculus could be found. Four medical gentlemen present were asked to search, and each in succession said he could "find no stone." The chloroformist was now asked to search. He did so very carefully, but with the like result. The patient was under ether for a full hour, and during this time the writer was rather taunted—"Ah, doctor! you have made a mistake this time!"—in fact, all present concluded that the writer had made a mistake. The patient was put into bed and further operation was postponed.

Four days afterwards one of the gentlemen who had been present at the unsuccessful operation called at the Home to enquire after the patient and was told that he had had a good deal of hæmorrhage, but that the bleeding had been arrested. He was invited to visit the patient, which he did in company with the writer and one of his assistants. The lithotrite was introduced, and in an instant the stone was seized and brought away bodily on the spot. From that time the patient improved daily, and in a few days all the unpleasant symptoms passed off, the urinary fluid gradually cleared, and very shortly afterwards the gratified patient left the Home perfectly cured.

Probably so small a stone could not have been in the bladder during the five years the patient had been suffering. Doubtless the prostate and bladder were first diseased, and gave rise to symptoms of stone (which now and then happens). During treatment before and after the stone was removed, the bladder and prostate had been cured by the spray—at all events, the patient informs the writer that he has had no return of the unpleasant symptoms.

Removal.

Recovery.

Value of the
spray.

Stone unsuspected — enlarged prostate — suffering protracted, chiefly through not being sounded. Patient assured by two surgeons (one a baronet) there was no stone, and sounded by another surgeon unsuccessfully. Sounded later on, and two oxalate of lime stones discovered and removed.

E. O., aged 67,

Consulted the writer in September, 1879, after having been treated by several medical men, three of whom were eminent surgeons. It appeared that the patient's urinary trouble had commenced about six years previously to 1879. A discharge was seen in the urine and was called by the medical man then consulted "gravel gout." Medicine was administered for three months, but without relief. Another eminent surgeon next prescribed the use of the catheter at repeated intervals. This being done, some relief was experienced, and the patient continued better, more or less, for some time. Not satisfied, however, with the progress, he consulted another practitioner, but still without relief—the discharge and discomfort continued. Another surgeon was now consulted, and by his suggestion quinine (first introduced by Mr. NUNN, surgeon to Middlesex Hospital) was injected, but without avail. When first seen by the writer the left lobe of the prostate was found to be enlarged; the right lobe also, but not to the same extent. The urinary secretion was loaded with mucus, the deposit representing forty-two per cent., the residuary urine being six to eight ounces. Under the microscope it gave evidence of blood and oxalate of lime crystals. After several applications of the writer's treatment had been used the urine cleared and the mucus was greatly reduced, but the residuary urine was never reduced beyond five ounces.

Unsuspected stone.

Unsuccessful treatment by eminent surgeons.

Patient seen by the writer.

On several occasions the writer observed to the patient that he distinctly recognised something against the catheter like a stone, and suggested the propriety of

“sounding.” The patient objected to this, remarking that as he had none of the usual symptoms of stone he would not consent to be “examined for stone.” Meanwhile the patient improved under the treatment, and was so satisfied with what was being done that hesitation was felt further to urge examination for stone. And inasmuch as, for a time, the sensation (as of a stone) was not felt, the patient persuaded himself, as others had done, that stone was not present. The treatment having to be prolonged, and the patient not recovering, the writer remarked to him that his case was almost the most obstinate one he had ever treated. Eventually, and as no real improvement showed itself, it was again urged, and agreed to by the patient, that “sounding” for stone should be gone through. An examination (under ether) was made, and a very hard oxalate of lime stone was found—also another smaller stone. A day was fixed for removing them. On the 12th day of June, 1881, ether was administered, and the stones were removed in fifty minutes. The time occupied was longer than usual, having regard to the size of the stones (a little over half an ounce), and owing to the enlarged prostate and the hardness of the stone and other complications.*

Obstinate case. Discovery of stones. Removal. Recovery.

Since the above operation the patient has been well, but never able to discontinue the use of the catheter, owing to the enlarged prostate which still exists. The writer has not been able, since the removal of the calculi, to apply his *special* treatment for the prostate. The patient has been moving about from place to place with his family, and quite contented with the removal of the stones. Having lost all his serious discomfort, and sleeping well, he is quite satisfied with the improvement effected.

* The writer considers it safer to perform all these operations with perfect deliberation. Hurrying, as some operators have done, is neither justifiable nor necessary, since it is proved beyond doubt that if a patient be kept fifteen to thirty minutes longer under ether, it does not in any way protract his recovery, while hurrying over it is likely to injure the coats of the bladder—or fragments may be left behind, causing the patient great discomfort afterwards.

No. 12.

Stone in the bladder—overlooked by several surgeons.

J. B., aged 54, single.

Gave the history of his case as follows:—"Early in 1875 he began to suffer inconvenience in the bladder. In the summer of the same year he noticed gravel in his urine, attended by frequent desire to urinate, and a burning sensation at the end of the penis. The gravel soon ceased to pass, but the urinary discomfort continued,—he had to urinate at shorter intervals. This continued till the spring of 1879, when the irritation became more troublesome—the urine became cloudy and tinged with blood, and soon after pure blood passed. His condition fluctuated till the end of 1880. He had consulted several surgeons, was under treatment in the North London Hospital for two months, and although several times sounded for stone none was discovered."

Undiscovered stone—history of the case.

On the 29th January, 1881, he consulted the writer. His symptoms then clearly indicated stone; but, in addition, he had also symptoms of prostatic mischief, and very severe straining had, moreover, caused an inguinal rupture. He urinated almost every hour. The chief pain was at the bulb of the penis and lower part of the belly. He was very irritable and excited, his pulse 140 per minute, temperature nearly 101; looked ill and thin. The urine contained blood as well as uric acid crystals. Sounding soon revealed that he had a hard uric acid calculus.

Patient consulted the writer—symptoms.

Detection of stone.

After appropriate preliminary treatment he was, on the 9th February, 1881, operated upon for stone, under the influence of ether. The *débris* removed was composed of lithic acid, and weighed three-quarters of an ounce. He made a good but slow recovery. In a fortnight after the stone was removed treatment was directed to the enlarged prostate. This discomfort gave way slowly, and was not cured till the end of March in the same year. The writer has seen him twice since that time. In January, 1889, he was quite well, and contemplated marriage.

Removal.

Complications—recovery.

No. 13.

Stone in the female bladder weighing two ounces and three-quarters.

E. H., aged 37, married.

Stone in the
female
bladder.

This case illustrates in a marked manner the importance of careful diagnosis—as to which too much is perhaps sometimes expected from the *general practitioner*, who, having all kinds of diseases and ailments to deal with, has little or no time for devoting attention to any one in particular, as a speciality. But the like allowance can scarcely be made in favour of hospital treatment, where one might reasonably expect that special diseases would be treated by physicians or surgeons specially qualified. Though even there (as happened in the present case) a sufficiently careful and accurate diagnosis is not always observed.

Prolonged
illness—
severe suffer-
ingAttributed to
other causes.At St. Bar-
tholomew's.

This patient had been ill off and on for five years, her illness culminating in a very severe form of suffering. She was at first attended by a medical gentleman practising in the vicinity of her own residence, who attributed her suffering to “internal abscesses or misplacement of the womb,” and advised “instruments,” and sent her to Finsbury Pavement to procure the requisite appliances. The instrument used gave her excruciating pain for three weeks; it occasioned moreover the passage of more blood. Getting no relief, the instrument was removed. She was now advised to go to St. Bartholomew's Hospital, which she entered as an indoor patient. There her suffering was attributed by the assistant obstetric physician to uterine disease, and treated accordingly. Several pessaries were introduced, but these only intensified her sufferings. Here, too, they drew her urine by catheter. She said to the writer, “I was taken on four occasions to the Theatre of the Hospital on Tuesdays and Fridays in the presence of several doctors.” After the *first* examination she got worse, and had to get up twelve times in the night. The nurse was told that her disease was inflammation of the bladder.

The second time, when she went to the Hospital Theatre, she was again examined before about twelve doctors. She says:—"Dr. ———, when asked what really was the matter with me, said he thought it was stone, but the stone was too large for operation, and that I would do just as well at home as in the hospital." She had been in hospital a month and three days and got no better. Went again a fortnight after being at home and saw Dr. ——— in the presence of four other doctors. She asked him if he thought it was stone. He said, "Who told you so? it is no stone at all," and added, "take all the rest you can." The other doctor had before told her it *was* stone.

Entering subsequently the Hospital for Women, Soho Square, the physicians there took the same view of her case as had been taken at St. Bartholomew's Hospital, and she was treated for "disease of the womb." The womb was said to press on the bladder. Leeches were applied to the "congested womb" and medicines prescribed. After five weeks' treatment under a physician there, and getting worse instead of better, she declined to continue any longer under treatment. Her suffering increasing very considerably, and acting under the advice of friends, she again went to St. Bartholomew's Hospital. Dr. ——— and several other doctors saw her. She says:—"They seemed cross when I still complained of the water, and said, 'When the womb gets well the other will.' When I complained in the same way in Soho Hospital they said the same thing. I took my water three times to Soho Hospital and urged upon them to examine the bladder, but they said it was the womb. The instruments made me worse, but all along, when I assured the doctors I thought it was the bladder, and not the womb, they said, 'Do you think you know better than we do?' I said (crying), 'I am sure it *must* be the bladder and not the womb.' The two doctors laughed at me and told me to 'go away' and that I would 'soon get better.'"

At the
Hospital for
Women,
Soho
Square.

Failure of
hospital
treatment.

"Last hope"
—applica-
tion to the
writer.

Discovery of
stone.

Her suffering now became intolerable, and in despair she left the hospital and went to her home. Becoming impressed with the notion that she was pregnant, the family doctor was sent for, and a very skilful physician's advice was sought, who said that pregnancy was the sole *cause* of her suffering, and gave instructions for premature labour to be brought on forthwith. The physician was evidently under the impression that a gravid womb pressing on the bladder accounted for her suffering, and that bringing on the labour would remove the cause. At all events, both patient and friends were assured that it would result in her being cured. During the time this was going on, the bladder was to be relieved by catheter three times daily. This was done for seventeen days before labour came on. She had a very critical confinement. But to the patient's great disappointment, her previous sufferings and inconvenience continued as before. She now came to the writer "as a last hope." She had all the ordinary symptoms of stone in the bladder, such as constant desire to urinate, which was worse *after* the act: had great pain also during locomotion. The urine at first was cloudy, but afterwards contained blood and mucus in large quantities—which increased as she became worse. In addition to the above and other ordinary symptoms of stone, she had supplementary symptoms peculiar to her own case. "I have (she said) been worse for two years, and have been unable to lie on my left side. I have not been able to stoop the whole time without excruciating agony—if I went on my knees, I could not get up without help. I have tried to raise myself by the help of a chair, but failed to do so, and was at last obliged to ask my husband to pull me up."

After examination a large stone was found in the bladder, measuring respectively in three directions twenty-five, thirty-six, and forty-seven millimetres (about two-and-a-half inches) when seized by the lithotrite. The patient was at once sent to the writer's establishment in Clapham. Satisfactory efforts were made to

improve the inflamed condition of the bladder by the spray treatment, and this improved also her general health and thus greatly contributed to the very successful issue of the case. The success met with in other cases gave the writer the fullest confidence that his treatment would in this case bring the patient's bladder into a state tolerant of instrumental interference, and, in fact, a rapid subsidence of the inflammatory symptoms followed. The case fully exemplified the superiority of the writer's method of treatment of stone in respect of the following auxiliary advantages. The extreme morbid sensitiveness witnessed in stone cases is perfectly commanded and kept in abeyance ; renewed life (so to speak) is given to the patient : the subsidence of cystitis gives sleep—hence tranquil nights ; the patient awakes in the morning refreshed and without the peevishness and fevered tongue usual in some cases ; the stomach regains tone ; the alvine secretions (from the bowels) assume a healthful condition and become abundant ; and the patient feels satisfied with himself and with the physician. In short, the patient is conscious that improvement is taking place. The fact is, that more is done in these cases by the writer's *preparatory treatment* than has been done before, hence the patient's hope and confidence as to ultimate recovery is established, and this alone is an influence greatly helpful to both patient and physician. When the patient in the present case was in a fair condition for undergoing the operation, she was removed to the writer's Home Hospital, 10, Dean Street, Soho, to be more within reach of his personal attention. On the 29th June, 1879, she was placed under the influence of ether, and in the presence of five medical gentlemen and the patient's sister, the stone was thoroughly removed in one hour and thirty-five minutes, nearly half an hour of which was occupied in rectifying unexpected difficulties which had arisen, and placing the patient comfortably in bed. The stone was seized in its longest diameter. It was so long that the lithotrite could not be locked. Mr. BANKS (from the firm

Preparatory
treatment.

Its
importance.

Removal of
the stone.

of Messrs. MAW, SON & THOMPSON) was present to witness the behaviour of the instrument, which had been manufactured expressly for the occasion. He was requested to test the strength of his manufacture by tapping it with a mallet, which he did with considerable force, as well as confidence. The stone was now sufficiently reduced to come within the grasp and lock of the lithotrite. Being thus reduced into smaller fragments, the whole of the calculus was pulverized to be brought away through the evacuating apparatus, and this was done without difficulty.

Recovery.

The *débris* on being weighed was found to be 1320 grains, or two ounces and three-quarters. There were scarcely sixty drops of blood lost during the whole operation. The patient made a rapid recovery and left the Home Hospital in ten days perfectly well. Scarcely a grain of *débris* was passed after the operation. The abundant mucus and blood which the patient had been passing the whole of the time she had been ill rapidly disappeared, and the urine soon became clear and abundant—thus proving the absence of further mischief.

Before the patient left the Home Hospital she was well examined lest another stone or any *débris* had been left behind to form a nucleus for other trouble. Nothing was, however, found, and the patient has continued in perfect health up to this date (April, 1882).

No. 14.

Villous tumour and stone in the bladder—Years of suffering—Patient in a dying condition—Cured in three weeks.

Mrs. S. (written by herself for publication).

[Copy—Names only being omitted].

“June 26th, 1874.

Villous
tumour and
stone.

“In consequence of severe domestic affliction in January, 1871, I was constantly exposed to changes of atmosphere, such as rushing from heated rooms to the external air, which gave me severe colds and discomfort

in the bladder. This at length became very severe and caused irritation of the bladder; the desire to micturate soon became constant. I sent for our family doctor, Dr. N., who gave me some medicine, saying I would soon get better. At the end of three weeks I became much worse, and my doctor told me my disease had turned into inflammation of the bladder. I was now very ill, and could not empty my bladder at all in the natural way, but had to stand in the erect posture, and then suffered excruciating cutting pain. I was ordered more medicine, linseed tea, and twelve leeches, which gave me some relief. At the end of a fortnight I became worse; the irritation and desire to pass water were now intolerable; twelve more leeches were applied, but receiving no benefit the doctor made a further examination, and found (as he said) that the cause of my trouble was the womb pressing on the neck of my bladder, and intimated that as he had found the cause I should soon be relieved. I was ordered to wear a pessary, which increased my suffering tenfold. I was now quite confined to my bed, and applied hot sponges, laudanum poultices, and took morphia. In March of the same year my symptoms increased in severity, when a physician was called in consultation.

Severe
suffering.

"I was examined without success for stone. Both the physician in consultation and the family doctor concurred in the opinion that my disease was chronic inflammation of the bladder, the result of previous acute inflammation. A fresh form of misery now presented itself. Spasmodic attacks of retention of urine lasting sometimes for several hours seized me at repeated intervals. I was often compelled to take as many as six warm baths in one night; the baths and repeated doses of morphia were necessary to give me sleep. This state of things continued till the middle of April, when I made a superhuman effort to dress myself and was conveyed in an invalid carriage by rail to Hull to be under the personal care of the same physician who had seen me before. He saw me daily for ten weeks. I

Physician
called in—
examination
for stone
without
success.

Increased
suffering.

Eminent
doctors
called in.
All mistaken.

became worse after reaching Hull; the pain and constant urging to urinate were more severe than ever; I could not remain in bed, but had to sit in an armchair propped up with my knees drawn up, from nine in the evening till two o'clock next morning. I was in this condition for ten weeks, during which period I was examined for stone on several occasions. My physician was as kind to me as any parent could have been, and regretted much he could do me no more good. He advised, however, that Sir H. C. should be invited to a consultation. My bladder was again examined. Sir H. C. confirmed the physician's opinion, and said I was suffering from chronic inflammation of the bladder. I was grievously disappointed when I was told that nothing more could be done for me. I was recommended to return home, and was told that as the warm weather was approaching (it was now the end of June) I might receive benefit from the genial breezes of summer. I returned to Bridlington Quay, and my husband, who was just as disappointed as I was, sent for another doctor (Dr. H.), who went over the same ground as the other doctors had done. He called my disease a reflex irritation arising from the brain and spine. He tried a change of medicine and injected a solution of nitrate of silver and occasional leeching. The injection made me ten times worse, and I now was left in a most pitiable condition. My physicians resigned my case to nature. I believe nature did more than the doctors. I got well enough towards the end of August to go to London. I remained with some of my husband's friends in the vicinity of Wandsworth. Mr. S. J., of St. Thomas's Hospital, was recommended to me as a very clever surgeon in diseases of the bladder. I sent for him and was under his care more than two months. He made repeated examinations of the bladder for stone or any other existing cause to account for my continued suffering. I took acid medicines to correct my urine, which was (he said) in a highly phosphatic condition. Under this treatment my general health somewhat improved;

A clever
surgeon of
St. Thomas's
Hospital.

but as Mr. S. J. could not discover the *cause* of my disorder he took a final leave of me, hoping it would wear off in time. I returned home in November to my sick husband, who had become worse during my absence. I did all I could to conceal my own miserable state so as not to depress him. The family doctor again took me in hand, but did me no good. From December, 1871, to 1873 I dragged on a most miserable weary life of unceasing pain ; nothing that was done for me gave the slightest relief.

“ I was recommended at this period to try what change would do again. My brother, living in the vicinity of Manchester, invited me there, with a view of seeing a medical gentleman of great repute, who had only recently come from Guy’s Hospital. Having put myself under his treatment, I had to undergo a succession of examinations and applications of a most painful nature, which gave me more pain than all previously had done. He could discover no cause for my great distress, and gave me nothing that afforded any relief. I was again dissatisfied and disappointed, and told him so. The doctor, feeling full confidence in his own infallibility, was angry with me, and said there was not much the matter with me except nervous fancies. So much for his mature judgment ! My next step was to Liverpool, to the medical celebrities there. I was again examined and again disappointed ; I got no better. I was well nigh tired of doctors, and of my own wretched bodily and mental condition, and returned home in February, 1874, completely worn out with repeated examinations and failures. I was now quite exhausted and bewildered, and looked upon my case as hopeless. I gradually got worse ; I was only able to crawl from one room to another. For four years my suffering was such that I had not been able to sit with any comfort in a chair for ten minutes together. I had not sufficient strength to stand in an erect posture ; I was obliged to lie in a recumbent position, till the spasmodic urging and bearing down compelled me to make attempts to urinate,

Another of
Guy’s.

The medical
celebrities of
Liverpool.

No relief.

which I could only do in a small quantity at a time. I was obliged to take morphia at repeated intervals, which appeared to enfeeble my mind. My malady and the morphia together so upset me, that I could neither read nor even do a little needlework. I was comforted somewhat by the doctor saying I might be better after change of life took place.

Having seen
one of the
writer's
books, the
sufferer con-
sulted him.

Stone
indicated—
operation.

Recovery.

Grateful
acknowledg-
ment.

“In March, through the blessed intervention of Providence, my brother, at Nafferton (on the York Wolds), sent me a ‘Treatise on Diseases of the Bladder, Cured by a New Discovery,’ by DAVID JONES, M.D., of 15, Welbeck Street, Cavendish Square, London. After perusing it I determined at once and contrary to advice to place myself under his care, and made arrangements accordingly. Dr. JONES informed me I had impacted stone, and a vascular tumour in the neck of the bladder. I was operated upon successfully. I was so relieved after the operation, that in a few days I was able to leave off my morphia pills (which I had taken with me), and to sleep the greater part of the night, and awake refreshed—a pleasure I had not experienced for years. In three weeks my disease was cured, having suffered very little pain throughout. I was now able to take my seat at the table, walk out in the garden daily, and sleep soundly and naturally. I remained under Dr. JONES’ care some weeks longer, to regain my strength. I owe a debt of gratitude to the doctor for his skilful and successful treatment of my case, and for his gentleness and kindness during my stay with him. The domestic arrangements of his hospital are very comfortable; every department is well managed; the house surgeon was kind, attentive, and courteous to every one. I can only add, for the benefit of those who may be suffering as I was, or from any kind of internal disease, they ought to lose no time in being restored to health, which my experience proves they will be, if once under the care of Dr. JONES.”

No. 15.

Tumour in the neck of the bladder, behind which was a rough and pointed calculus.

Mrs. E. A., aged 52.

It will be noted, in the perusal of this work, that the cases of bladder diseases which the writer has so successfully cured, have been called by numerous names by various physicians and surgeons consulted by the patients. Thus :—"Inflammation of the bladder," "catarrh of the bladder," "nervous disease of the bladder," "ulceration of the mucous membrane of the bladder," "stone in the bladder," &c. Why should there be so many different opinions on bladder diseases? The writer can only offer one solution, viz., because bladder diseases are not understood. If a dozen physicians were consulted on a case of pleurisy (inflammation of the pleura), pneumonia (inflammation of the lungs), or ague (intermittent fever), they would all diagnose pneumonia as inflammation of the lungs; pleurisy as inflammation of the pleura; and ague as ague (intermittent fever); because these cases are of common occurrence and easy to recognize; in other words, these diseases are tolerably well understood by the majority of the medical profession, each being known by one name and that the *right* name. The reader may take it for granted that when several different names are given to any one disease, the disease in question is an obscure one or is not understood or requires *special* skill. No disease can readily be cured that is not correctly diagnosed. No class of diseases more clearly proves this than diseases of the *bladder*, *prostate*, and *urethra*. The following case is one in point.

Calculus
with tumour

Bladder
diseases not
understood.

Mrs. E. A. had been suffering from distressing irritation of the bladder for many years, which troubled her night and day, and eventually quite disabled her from attending to her domestic duties. She was under the care of an old friend, Dr. —, a homœopathic physician, for a considerable time, who called her disease by a

Patient's
sufferings.

variety of names. He did all in his power to afford relief, but without success. Finding homœopathic remedies of no use, he suggested a consultation with an eminent physican attached to Guy's Hospital. She was sounded for stone and underwent a variety of examinations with a view of ascertaining the cause of her discomfort. All the means employed failed to give her the slightest relief. Another eminent physician (and an author of a recognised work on midwifery, and physician to two hospitals) was consulted. After long-continued treatment and great attention from him, she was advised to try change of air. She left Norwood for Llandudno in North Wales, where she remained a considerable time. She became worse during her stay there. All her symptoms increased in severity. After considerable difficulty and inconvenience and by the aid of various urinary contrivances she reached home. Finding that all ordinary means had failed to give relief she consulted the writer. She was found to have a tumour in the neck of the bladder, with a very small calculus impacted in the mucous membrane of the bladder. On the second visit she was placed under an anæsthetic and they were removed. The patient was very speedily relieved, the severe spasmodic pain which she suffered from being cured, but owing to other complications the desire to urinate continued very troublesome. On the whole, the case was very obstinate, but she ultimately recovered and still continues well. After her recovery, which to her was quite unexpected, she wrote to one of her former physicians to say that Dr. JONES had cured her; he wrote to congratulate her and ultimately paid her a visit. When he met her he greeted her and complimented her on her improved appearance, and then, taking both her hands, said, "I have come to you with three words—'Ignorance,' 'congratulation,' 'rejoicing.'"

Sounded for stone by eminent surgeons without avail.

Consulted the writer.

Tumour and small calculus—removed.

Recovery.

The following letter has been received since the patient's recovery, and is published with permission:

[COPY.]

“ Upper Norwood,

“ Sept. 23rd, 1876.

“ DEAR DR. JONES,—Your remark the other day did not escape my observation that you ‘intended publishing all your successful cases of bladder disease;’ and as through your skill and attention I am amongst the happy number, I beg you will refer any one suffering to me for confirmation. I would with pleasure tell anyone particulars of my case, and express with all earnestness the gratitude I feel towards you, as well as the high opinion I have of you, which might be called flattery, were I now to write my sentiments. Trusting that my recovery may lead others suffering from so painful and distressing a disease to a consultation with you is, dear Dr. JONES, the sincere wish of

Grateful
acknowledg-
ment.

“ Yours very faithfully,

“ E. A.”

No. 16.

Obscure presence of stone in the bladder, discovered by means of the spray treatment, after baffling the search of several notable surgeons, Mr. Berkeley Hill and Mr. Christopher Heath (senior surgeons to University College Hospital), and Mr. Barker (surgeon to the same Institution).

D. B.

To quote the patient’s own account, as recorded in the writer’s case book :—

Obscure
presence of
stone.

“ When I move about much, or go to pass water, or stoop to lace my boots, my sensation is as if a needle were being thrust into the neck of my bladder. During a long illness of four years I have been attended on and off by my local doctor who sounded me for stone but could find none. As I continued to get worse he sent me for further advice to University College Hospital. Going there on the 11th October, 1888, and being seen by Mr. BARKER, one of the surgeons, I received the same

History of
the case.

Hospital
doctors
thought
there was
stone, but
could not
find it.

opinion ; and in like manner he examined me for stone but without finding any. To afford further opportunity for sounding me, he advised me to enter as indoor patient, and I was admitted next day and sent to ward No. 1. Mr. CHRISTOPHER HEATH, Mr. BARKER's senior, having examined me in his turn, likewise thought I had stone, but I do not think he found it, for he did not say so. On the 15th October I was further examined, with the same result as before. Though my local doctor and the hospital surgeons all thought I had stone, yet none of them were able to find it. After examination on this occasion Mr. CHRISTOPHER HEATH said, however, 'I will put you under ether one day and crush it for you.' Saturday, the 17th October, being fixed for the operation, Mr. BERKELEY HILL and Mr. CHRISTOPHER HEATH, both senior surgeons to the hospital, were present with the doctor who gave me ether. Two days afterwards Mr. CHRISTOPHER HEATH said to me, 'We examined your bladder thoroughly : I examined you myself for a quarter of an hour, but could find no stone ; I do not think in any case it is larger than a pea, and it will come away without an operation if you go on your hands and knees and strain when you are passing water.' Glad to hear such good news and afraid of an operation when so many doctors had failed to find the suspected stone, I willingly consented to follow Mr. HEATH's advice. Accordingly, I strained violently at great inconvenience and increased suffering, but no stone came. Finding after fair trial that no one either found stone or gave me relief I came to you."

The writer
was sure of
it.

After hearing the candid statement of Mr. B——, the writer requested to see him pass his water. The test was sufficient. He thereupon told him emphatically that he was *quite sure* he had stone ; but if he examined him in his present condition he would be unsuccessful like all the former surgeons in finding it, inasmuch as the stone was covered with thick mucus and blood, or possibly embedded in the folds of the bladder and could

not be discovered until after an application of the spray treatment for clearing the bladder, the only known means of revealing stone under the circumstances. Here, it may be discerned, is an explanation of the fact that surgeons, otherwise able, fail in the case of patients suffering from bladder disease, and, prejudiced against means which they do not understand, endeavour to pacify them with the assurance (as for example to Mr. H. J. BARRETT, of Hull)* that they are suffering from an incurable malady, namely, enlargement of the prostate. To resume: When in such cases as Mr. B——'s the urine is collected after several urinations, it resembles the sputum (expectoration) of sufferers in the last stage of consumption, which is often called "oyster-like expectoration." Hence, from the condition of the bladder, the concealment of the stone and the necessity for the spray.

Spray
treatment
necessary.

The patient entered the Home Hospital on the 6th November, 1888. The administration of the first spray brought away nearly a wine-glass full of thick clotted mucus of such a consistency that no one could be surprised at not finding a stone in it, however prolonged the examination. A few more sprays served to clear the bladder and the urine also, and at the same time relieved the patient from the suffering he had endured so long; indeed, the complexion of the case was materially altered. The "burning, pricking, cutting pain" he had hitherto experienced passed away; and, from being highly nervous and irritable, through constant anguish and repeated straining, he became cooler in temper, comfortable in aspect, and happy in his existence. The manager and inmates generally were not slow to remark on the change: "How much more cheerful Mr. B—— looks, and how his face has brightened up. He has lost the worn expression he had when he came!" They began to think too, rather precipitately, that "the doctor would cure him without an operation." In truth, the patient became well enough to take a three days'

Improved
condition.

*See case No. 17, page 117.

interval to go home and look after his neglected business, while under preparatory treatment for the operation which was in fact contemplated.

Nor is this an unusual incident. Not unfrequently, patients under similar circumstances have found themselves so well under the writer's preliminary course as to lead them to believe no stone was present. The cases of E. B., I. B., and I. C. W. I. may be cited as examples.*

Removal of
the stone.

When the bladder had been well cleared, and the mucous membrane recovered from its inflamed and ulcerated state, a day was fixed, the patient was placed under ether, and the operation was satisfactorily performed by the surgeon to the Home (Dr. GORDON G. JONES, the writer's son), to which cases, of course, he is well accustomed; he quickly found the stone and promptly removed it. Thus, without hitch or hindrance, was easily accomplished what other surgeons, eminent though they be, had regarded with vain perplexity. The removal of the fragments, in the form of lithic acid, occupied no more than twenty-five minutes; their weight, when dry, was over half-an-ounce.

Recovery.

Mr. B—— made a satisfactory recovery, but was not ready to leave the Home till the 7th of December. His unusually long stay—a whole calendar month—was due to the serious injury to the bladder occasioned by the long residence of the calculus, a period of four years. He is, however, well pleased with the result, and has since been actively and contentedly engaged in his business. He speaks highly of the spray treatment, and with good reason is convinced of its advantages, only regretting that he did not know of it years before.

* See Cases Nos. 1, 2, 26.

No. 17.

Enlargement of the prostate pronounced "incurable" by three surgeons of repute—stone removed—said not to exist.

H. J. B.

This patient had been unsuccessfully treated by three well-known surgeons, and was told (as many others have been) he was suffering from "enlarged prostate, from which he was not to expect any relief." "One and all declared" he had "no stone."

Stone said to be non-existent, with enlarged prostate pronounced "incurable."

These adverse opinions naturally made the patient unhappy about himself. Casting his eye—as he expressed it—one day over a newspaper, he saw an advertisement of the "writer's book" and consulted him. The patient was told his doctors had diagnosed his disease as enlarged prostate correctly enough, but were wrong in saying it was "incurable."

The "spray" treatment was administered with decisive effect; frequency of urination and pain consequent upon it, were speedily relieved, and the urine became clear. In other words, large quantities of mucus (the results of inflammation) were removed, and inflammation of the mucous membrane was cured. During the course of treatment the writer suspected stone in the bladder, which opinion was verified by an examination, and the stone was subsequently removed. The patient made a rapid recovery, and was soon out of doors. This case resembles the cases of Admiral Sir GEORGE ELLIOT, K.C.B., Captain A. C. CLARK, R.N., of Bombay, and many others that might be named.* These cases go to prove two things: first, defect of the means ordinarily employed to discover stone in the bladder; second, the errors of physicians and surgeons who say that disease of the prostate is "incurable." When the patient was so far relieved and comfortable as to know that enlarged prostate was not "incurable," he stated in one of his letters—"I consulted you afterwards for a chronic functional disorder—constipation—for which physicians

The spray treatment.

Discovery and removal of stone—recovery.

Cure of constipation.

* See Cases 18 and 19.

in my experience have found no permanent cure. My present experience is that I have better health than I have had for the last ten years; I have no return of the pains and distressing symptoms I had before you took me in hand. I have no bladder troubles and have had no occasion to take a dose of medicine for constipation since I left you—this is an experience unknown to me for twenty years." In a letter dated 12th May, 1890, he writes :

Acknowledgment

"I have been frequently in London lately, and several times proposed calling upon you, not that I require any professional advice, but merely to report to you that it is now about two years since I placed myself under your treatment for disease of the prostate gland and stone in the bladder, and that I have had *no return whatever* of my troubles in this way.

"You are at liberty to make use of me in any way you like as a reference, as the thorough manner in which you did your work is tested by my past two years' experience. Hoping you will be spared many years to be a benefactor to suffering humanity, I am, my dear sir,

"Yours faithfully,

"H. J. B."

No. 18.

Stone in the Bladder, mistaken for enlargement of the prostate and cystitis only, by surgeons in India, an eminent surgeon in London, Sir——— and distinguished professors in Germany.

CAPTAIN A. C. C., R.N.,

"Dulwich,

"October 6th, 1886.

"Dr. DAVID JONES.

Stone in the bladder mistaken by eminent surgeons for enlarged prostate and cystitis only.

"My dear Sir,—As you are now publishing another book, being a supplement to your fifth edition on 'Diseases of the Bladder and Prostate, and the Cure of Stone without Cutting,' I feel it my duty towards the public and yourself, to ask you to give me space for

additional testimony in support of your 'Spray treatment,' and your superior skill in successfully dealing with my protracted case, after failure of some of the brightest ornaments in the medical profession in India, Germany and England.

"Five years ago, after a residence of 20 years in India—though previously in robust health—I became subject to severe pain in both kidneys, attended with great irritation, and difficulty in passing water. This lasted about two years, and was said to be due to 'Stone in the Kidney,' 'Cystitis,' and 'Enlarged Prostate.' One surgeon of note said I was suffering from 'suppressed gout.' During the first two years of suffering, I was sounded for stone in the bladder by several medical men, and all agreed that I had 'no stone.' Finding it impossible to attend to my duties, and getting worse instead of better, I was advised to come to England for further advice. I arrived in London in July, 1883, and by the recommendation of my Indian surgeons, consulted Sir——, said to be a specialist in urinary diseases. He examined me twice, and receiving confirmation of the opinion previously given in India—that there was no stone—I was ordered to drink the Carlsbad waters, which I strictly attended to, but I regret to say that after several months of this treatment, I was no better. I now considered my case hopeless, and returning to India in February, 1884, I attended to my duties as best I could, and was under the care of my former medical men, who did their best for me, all of them agreeing that I had 'Chronic Cystitis and enlarged Prostate.' I remained in India from 1884 until June, 1886, suffering the whole of the time from indescribable pain: occasionally I had to urinate against my will, every few minutes, attended by straining of a most violent character, as though my bladder and bowel were being forced out. I can only compare the sensation to 'boiling water passing from the bladder.' I got no relief from anything, except from morphia and hot fomentations. It appeared to me as though there must be some-

History of
the case.

Severe
sufferings.

thing in the bladder that wanted to force itself out, yet all the medical men declared it was nothing but 'Cystitis and enlarged Prostate.' I was now advised to go to Germany and try the waters, and thither I went in July, 1886. I was again examined for stone by two celebrities, and reassured that I had 'no stone,' and that my disease was exactly what the other doctors had pronounced it. I was told to take Carlsbad waters and mineral baths for a month, which I did, not only without relief, but at the expense of decided aggravation of my sufferings. In August, 1886, I had the good fortune to read your fifth edition on 'Diseases of the Bladder and Prostate, &c.,' and, after reading it, I decided to take your opinion on my obscure and unyielding case.

Patient consulted the writer.

Discovery of stone—removal.

"After hearing my history, you said that your improved appliances in such cases would soon decide the cause of my suffering, and, after a painless examination, you discovered stone in the bladder. By your advice, I took lodgings in Bentinck Street (No. 15), Manchester Square, and on the following day, August 22nd, 1886, assisted by your son, and Mr. R. J. MACLEVIE, you operated upon me under the influence of ether. The operation gave me speedy relief, and I became conscious that the nature of my suffering was different to the torture I had endured for years, and that the cause of my protracted suffering was removed. I suffered somewhat from the ether and the effects of the operation, but day by day I became easier, and at the end of ten days matters altogether changed. For the first time since my long illness, I was able to urinate without pain, and in natural quantities. After leaving my lodgings, I busied myself a good deal with my affairs, in order to prepare for returning to India, and some of my former symptoms threatened me again. Your suspicions were aroused as to the probability of there being another stone, which suspicions were verified by an examination, revealing an impated calculus. A few "Sprays" soon liberated the enemy from the surrounding mucous membrane and thickened bladder, and it was ultimately

Improvement.

Another stone.

forced along the urethra, where it lodged, causing for a time considerable uneasiness. I was again placed under ether and the stone removed, which stone had the appearance of a small round pebble, with a roughened surface. Removal.

"I am feeling now as well as I ever did in my life, and can confidently affirm that I am indebted to you *alone* for my restoration to perfect health, and I shall ever hold you in grateful remembrance for your superior skill and great kindness. I feel it would be unkind of me not to acknowledge the kindness and attention I received from your son, Dr. GORDON JONES, and Mr. R. J. MACLEVIE, who so efficiently co-operated with you, in bringing my case to a successful issue. I am returning to India with my family, in good spirits, and better health than I have enjoyed for years. Complete restoration.

"You are at perfect liberty to make any use of my case you like, and to refer any doubtful enquirer to me for confirmation of the foregoing statement. My son-in-law, Mr. G. OPITZ, will gladly testify to the above facts.

"I am, dear Dr. JONES,

"Ever yours gratefully,

"A. C. C."

More recent communications from Capt. A. A. C., showing continued good health and freedom from urinary trouble, will be found towards the end of the book.

—————
No. 19.

Thirteen stones in the bladder, mistaken for enlargement of the prostate and liver disease.

Admiral Sir G. E., K.C.B., &c., aged 69, married.

This case, like the former one, illustrates the writer's success in discovering stone in the bladder, which ordinary means had failed to do. The admiral had been attended by surgeons and physicians of eminence for 25 years, all of whom stated that his case was "enlargement of the prostate gland and sluggish liver," and expressed no suspicion of stone.

Thirteen stones in the bladder—mistaken for enlarged prostate and liver disease.

Patient consulted the writer.

When first seen by Dr. DAVID JONES in June, 1881, prostatic enlargement was certainly evident enough—indications of stone also showed his case to be complex. The patient himself, in reply to questions put to him, said, “I do not think I have stone, as I have been under the treatment of eminent surgeons who practice your speciality and are capable of diagnosing indications of stone if they existed. One eminent surgeon (Sir H. T.) examined me with a catheter on 30th of July, 1879, and said, the discomfort I had in my bladder and prostate was due to my liver. Accordingly he prescribed compound rhubarb pill and blue pill.”

The Spray treatment.

Spray treatment was administered for some time with great benefit, enabling the patient in the course of a few months to attend to business matters with such comfort as had not been experienced for some time—there were, however, occasional relapses, but they were treated with benefit. These relapses convinced the writer that stone was present. The urinary secretion also (when submitted to chemical and microscopical examination) strengthened the writer's opinion that such was the case. The admiral's symptoms did not respond to treatment as in other cases, again confirming the writer's belief.

Progress of the case.

The symptoms, though not altogether typical of stone in the bladder, nevertheless impressed the writer strongly that stone was present, and he accordingly proposed an exploration of the bladder, which was done under the influence of ether. There was *something* in the bladder suggestive of impacted stone, but the characteristic click was *not* elicited, and treatment was resumed as for enlarged prostate, and as before gave partial relief.

Sudden return of symptoms.

The patient resumed, and for some time continued business duties with some degree of comfort, until one very cold day, after riding some distance in a cab, he became seriously inconvenienced, and had a return of bladder discomfort, attended with shivering. Lady E. alarmed, and late at night, sent for the Admiral's ordinary medical attendant at Kensington, who said the case was a very critical one, and after a time advised a

consultation with a surgeon of note (T. S., Esq.) senior surgeon to a large metropolitan hospital. The consultation held and examination made, Mr. T. S. expressed no suspicion of stone, but said, "the prostate gland is as large as my fist."

Surgeon of note had no suspicion of stone.

The prescription given was faithfully carried out for a few days, but without avail, and obtaining no relief and the suffering becoming intense, Dr. DAVID JONES was again consulted, and requested to meet in consultation the surgeon in attendance. He replied he could not conscientiously do so, urging that no Homœopath could agree with an Allopath who held such opposite views.

The Admiral, exercising his undoubted right to change his doctor, requested the writer to take charge of the case, who at once relieved the intense suffering, and doing so, he again and again expressed his conviction that stone was present, notwithstanding high authorities had concluded otherwise, and had failed to discover one. Treatment to clear the bladder was recommended, and continued daily for some time. Another examination for stone was made, Dr. JONES's son (Dr. GORDON G. JONES) administering ether. The foreign body was now found. A day was fixed for removing the stone in the presence of four medical gentlemen, including Dr. Ross, an American physician on a visit to England. Twelve small stones composed of *oxalate of lime* were removed whole, weighing collectively a little over a dram, and one large stone of lithic acid which was crushed, and weighed over two drams. The patient made a good recovery, all the acute symptoms ceased, his general health improved, greatly to the surprise of his family and friends, as well as being evidence of the superiority of the writer's treatment in cases (as his was) of great severity and obscurity. The only remaining inconvenience was occasional irritation due to the enlarged prostate.

The writer again consulted.

Foreign body found.

Twelve small oxalate of lime stones removed whole, a thirteenth crushed.

Recovery.

Grateful
acknowledg-
ments.

The following letter expresses the patient's grateful thanks.

[COPY OF LETTER.]

" Kensington,

" 17th September, 1883.

" MY DEAR DOCTOR JONES,—I enclose a cheque for my indebtedness to you for professional attendance, with grateful thanks for the kind interest you have taken in my case. I hope I may still continue to improve, but if not I will come and see you.

" As my recovery from a perilous condition may give confidence to others, I shall be glad at any time to answer any letters from a fellow-sufferer, and speak of your exceptional skill in bladder diseases, and to your kindness and attention.

" With kind regards to Mrs. JONES and your family,

" Believe me, yours very sincerely,

[*Here follows name in full.*]

" Lady — joins in kind regards."

June, 1884.—The patient called on the writer to report himself. He walked into the consulting room with a firm and steady step, contrasting greatly with his appearance before his calculus trouble had been discovered and removed. He was altogether better—had put on flesh and his expression of countenance indicated happiness of mind and freedom from physical suffering.

Since the above date the patient has been in fair health, requiring merely occasional treatment for a cold, which affects the weak organ.

No. 20.

Symptoms of stone present—repeated examinations—not, however, discovered until DR. DAVID JONES'S treatment had been applied, and had cleared the bladder.

H. H. U., a Law Clerk, aged 23, single, residing in Bermondsey, S.E.

Consulted the writer on the 23rd of September, 1882—complained of "considerable urinary trouble"—had been

Stone sus-
pected--not
discovered }
till after the
writer's
treatment.

unsuccessfully treated by several medical men, one of whom was a surgeon of note, and had made urinary diseases his special study. This gentleman was of opinion that all the symptoms pointed to stone in the bladder, but repeated examinations by "sounding" failed to reveal one.

When first consulting the writer, the patient's own statement was as follows:—(briefly summarized yet mostly in his own words).

1. "I have to pass water very frequently during the day, attended with considerable burning pain extending from the tip of the penis to the back passage—worse when moving about; better in bed and when at rest."

Distressing
symptoms

2. "When my water is flowing, it suddenly stops at times as if something came across the neck of the bladder, intercepting the stream, but it soon goes on again as if this something rolled away and allowed the urine to pass—can always make the stream flow by placing my hand under the crutch just behind the scrotum and pressing it upwards; this seems to move something, and the flow is again set going."

3. "When I rest or lie down, there is a sensation as if something was pulling back the substance that comes to the neck of the bladder, and this gives relief—if I move about when that thing comes down I am in a great deal of pain."

4. "I dare not ride in an omnibus or a cab when that thing is down, but can generally do so when that thing is *not* down."

5. "When this thing comes down with great force, my water comes away in two streams, forked-like."

6. "I feel worse when only a small quantity of water is in my bladder, and worse still when my bladder is quite empty."

7. "If I miss my step over a kerb-stone, or an uneven surface, or am in any way jolted when the bladder is empty, the agony I suffer is dreadful."

8. "Stooping forward or reaching upwards gives me a sharp twinge in my crutch."

9. "I am also worse when my bowels are confined, and on that account have taken rhubarb pills every night for three months."

10. "Since Christmas, 1880, I have seen blood in my urine several times."

Stone
entangled in
mucous
membrane
and folds of
the bladder.

The writer's diagnosis of the case satisfied him that stone was present, but entangled in the mucous membrane and folds of the bladder, which only permitted its moving to and fro as described by the patient.

An examination on the 30th September, 1881, revealed a large soft substance in which it was felt certain a stone was imbedded, but the usual "click" not being elicited by the sound, it was quite impossible to say with certainty that stone was present.

Spray
treatment.

Spray treatment twice a week was administered for some time, which brought away large masses of mucus, and after further preparatory treatment, a second examination led to the discovery of stone.

Patient
taken away.

An operation for removing the stone was suggested, and it was arranged that the patient and his mother should enter the "Home Hospital" in Dean Street, for that purpose. In the meantime, however, he caught cold and sent for his local doctor, who told him he must send for a surgeon from Guy's Hospital, and declined absolutely to attend him unless this advice was acted upon. The patient, under the circumstances, felt constrained to act upon this suggestion, and he was accordingly placed under other hands. Dr. JONES has had sufficient occasion to speak of the jealousy and dislike of many medical practitioners, a feeling to be accounted for by obvious reasons. The following letter was written to Dr. JONES by a friend of the patient, and will show the animosity and prejudice which existed in the minds of those by whom the patient was surrounded:—

Professionals
jealously.

"Bermondsey, S.E.

"Wednesday, Dec. 27th, 1882.

"SIR,—At the request of Mr. H. H. U., I write to say that the local practitioner attending the case, has given

his peremptory and decided opinion that a surgeon connected with one of the London hospitals must be called in, and he declines to see Mr. H. H. U. again unless this advice is acted upon. Mr. H. H. U., therefore, has instructed me to say that he must be guided by this advice, and a surgeon from Guy's Hospital will be at once called in.

“Yours faithfully,

“A. O. W.”

Dr. JONES replied to this letter as follows:—

“December 28th, 1882.

“DEAR MR. H. H. U.,—I am in receipt of a letter written by a correspondent on your instructions. I regret you have altered your plans, but evidently some prejudice is at the root of it. I trust the Guy's surgeon will be more successful with you than were your other doctors who did not even discover the nature of your disease. I trust also he will be more successful with you than the Guy's staff was with the cases I have so successfully treated, and which I have reported in my fifth edition of ‘Diseases of the Bladder, &c.,’ in your possession—see Cases Nos. 2, 3, 6, 24, 26, and 31. In order that your local doctor may see for himself that the cases are genuine, I send particulars for his information. They will also afford you an opportunity of drawing your own conclusions. The names of the physicians and surgeons who attended Case 31 are printed in full in my fourth edition, which I send by this post (See Case 2, page 14). The names of the Guy's men who unsuccessfully treated case 3, page 76, in fifth edition, are to be found in the copy of the patient's letter of March 24th, 1879, which I enclose. Mr. W. RYDER is a retired solicitor. The name and address of Case 2 is appended to the patient's own statement, and the names and addresses of Cases 6, 26, and 31, are given in the Appendix. I have taken great interest in your case, as you know, and am deeply sorry for you, and I must confess I am surprised that knowing what you do of your former medical men, you allow yourself to be influenced by vicious professional

Writer's
regret and
vindication.

prejudice. You know perfectly well that I am the *only* surgeon who accurately diagnosed your case, and but for me you would have died from impacted stone undiscovered. Indeed, I am astonished that anyone should prejudice you, and especially a medical man who has unsuccessfully treated you. I wish you well with all my heart, and shall be glad to hear from you as to the result of the new treatment.

“Yours faithfully,
“DAVID JONES.”

The patient took no notice of this letter, so on the *3rd of February*, 1884, the following one was sent to him:—

Further
appeal.

“DEAR Mr. H. H. U.,—In December, 1882, I visited you at your mother’s house, and made arrangements for you both to enter my “Home Hospital,” in order that you might undergo an operation for ‘stone in the bladder,’ from which you were suffering. For reasons which I can well understand, you were induced not to let me operate upon you. Your friend, on your behalf, wrote and told me that a surgeon connected with Guy’s Hospital was to be sent for at once to take charge of your case. I wrote asking you to inform me of the result, but you did not do so. The interest I take in these cases induces me to again write and ask you to furnish me with information as to how you progressed after leaving my hands. I am now publishing several cases like your own, in which I revealed the existence of ‘stone,’ after others had failed to do so (as in your own case). True, I had not the satisfaction of seeing your case through as I have others, still, it bears testimony to the good effects of my treatment in ‘clearing’ the bladder and so enabling me to put you in the way of being cured by others. You know that all your doctors had sounded you unsuccessfully for stone, until after you had undergone my ‘spray’ treatment. It might interest you and your medical man to read the enclosed case of Admiral Sir——, K.C.B., &c.; also the case of a young

man from Bath. These cases, like yours, show that patients may suffer for years from impacted stone, which no known treatment but my own is capable of revealing. Will you kindly read over your own case and let me know if it is faithfully reported? I do not care to publish medical men's names unnecessarily, but if your doctor or you care to know who had charge of the admiral's case, I will gladly (in confidence) send them to you. One of the surgeons is a titled man of great eminence—the other is senior surgeon to one of our largest metropolitan hospitals.

“ With best wishes to your mother and yourself,

“ Yours faithfully,

“ DAVID JONES.”

Up to February, 1888, no further information had been received of this case.

No. 21.

Stone in the bladder with complications, in a patient aged 81, successfully cured by two operations.

The Rev. J. B., aged 81.

Consulted the writer on July 23rd, 1883. He had been treated by his local doctors for seven or eight years, and they all assured him that an operation at his time of life would be fatal. An examination revealed—

Stone, with complications, in aged patient.

(1) Phimosis and excessive hardening of the prepuce.

The patient's condition.

(2) The prepuce perfectly adherent to the glans penis.

(3) The urethral canal impervious, even to a No. 1 French bougie to the extent of half-an-inch.

The result of these conditions was a more or less constant desire to pass water day and night, attended by intense straining, which had only the effect of forcing out a few drops of urine mixed with blood and matter, of a highly offensive odour. The lower part of the abdomen was hard and tense, indicating distended

bladder, which, through continued straining, was itself forced into two distinct sacculations, one on each side, which could be distinctly felt through the abdominal walls.

Urgency of the case.

It being evident that the patient could not survive many days unless relief were obtained, an operation was suggested, and after a consultation with his wife, who accompanied him, it was arranged that it should at once be performed at Durrant's Hotel, George Street, Manchester Square, where they were staying.

Treatment.

The patient having been placed under ether, the whole of the hardened and diseased mass was removed, and the urethra sufficiently enlarged to admit the introduction of a catheter, through which fifty-two ounces of highly putrid and ammoniacal urine, mixed with blood and matter, were removed. The bladder was well washed out with an antiseptic solution, and the patient being now enabled to pass water naturally, rapidly improved.

Stone suspected.

There remained symptoms, however, which led the writer to suspect the presence of a stone in the bladder. This suspicion was soon verified, for on further examination, a stone was discovered, and arrangements made accordingly for its removal. This second operation was performed on September 9th, 1883; the stone was crushed and removed in thirty-five minutes, the patient, as on the former occasion, bearing the operation remarkably well, and making a rapid recovery.

Removal and recovery.

The following letter was received shortly after the patient had returned home:—

“Hanwood Rectory, Shrewsbury,

“October, 1883.

Acknowledgment.
“Snatched from the jaws of death.”

“DEAR DR. JONES,—I have just read letters from patients who by your eminent skill have evidently been snatched from the jaws of death. The cases are very remarkable, and unquestionably give you a proud pre-eminence over those who had previously pronounced recovery to be impossible. My object, however, in

writing this, is rather to acknowledge the debt of gratitude which I owe you myself, than to speak of others. It does appear to me astonishing, that at the age of 81, in the month of July, 1883, I should be on the brink of the grave, pronounced incurable by all my country practitioners, each having a high reputation, and that, after having been under your care for two months, I should now be as well, perhaps, as ever I was in my life.

“The case is simply this:—For some years past my urinary organs seemed out of order; filthy deposits were left in the chamber utensil, and the water passed only with great pain. As time rolled on, matters became altogether worse, and the desire to urinate got so frequent as to render sleep at night impossible. At length life became burdensome, and it was manifest to me that the end was not far distant, when at the critical moment, I saw your book advertised: I bought and read it; and having written to, and received satisfactory replies from two of the patients whose cases were reported therein, I placed myself under your care. The first surgical operation performed by you gave me instantaneous relief, I was enabled to pass water freely and without pain, and in a very few days, the urine became clearer, and free from blood and matter. The discovery by you of stone rendered a second operation necessary, which was effectually performed, enabling me again to enjoy the pleasures of life, and to return to my former duties, full of gratitude to God, who I hope will long continue to give you the power to work similar wonderful cures, for the benefit of mankind and your own happiness.

“With a repetition of my kind thanks,

“Yours sincerely,

“J. B.”

Another letter dated November 10th, 1884, states—
 “I am not equal to much exertion yet, but I hope that horse exercise and open air will hasten my recovery.”
 Since the above date the venerable patient has continued well, and has attended regularly to his clerical duties.

In cases like the above, where the bladder has been for a long time greatly distended—especially in old age—it seldom happens that the walls of the organ recover their former elasticity. The bladder consequently is unable properly to empty itself, and deposition of urinary salts follows, forming concretions, and giving rise to symptoms identical with “stone.” This happened in the present case: the concretions which had formed were removed by another surgeon, and the patient has continued in good health ever since.

Continued
good health.

No. 22.

Stone in the bladder in a patient aged 81, with heart disease, successfully removed in five operations.

W. C. L.

Another
aged patient
with stone
and compli-
cations.

Living in Newbury, came up to consult the author on July 31st, 1884. He had suffered for many years from urinary trouble: locomotion of any kind aggravated his condition, and on that account he was unable to move far from home. His doctor could give him no relief, implying he was suffering from “old man’s bladder” and that nothing could be done for him.

“Nothing
could be
done for
him.”

Discovery
of stone.

An examination at once revealed stone in the bladder, and arrangements were made for him to enter the Home Hospital and have it removed.

Subject to
faintings.

After his arrival, it was discovered that he was subject to fainting attacks, and on more than one occasion he fell down in the ward. The cause of this was valvular disease of the heart, and as it was feared that the administration of an anæsthetic for any length of time might be attended by a fatal result, it was decided to remove the stone by a succession of operations, and merely give sufficient ether to deaden the pain and act as a stimulant to the heart’s action. The first operation was most successful: a portion of the stone was removed and a soothing application was applied to the bladder. At the end of three days a second operation was.

Successive
operations.

performed, and at various intervals a third, fourth, and fifth, at the end of which, the whole stone, amounting in all to three-quarters of an ounce, was entirely removed. The patient suffered but little discomfort, and was sent home perfectly cured of his urinary trouble. His heart symptoms were also materially benefited by remedies administered during his stay in the hospital.

Perfectly
cured.

The following letter was written in answer to one sent to enquire as to his present condition :

“ Newbury,

“ May 17th, 1886.

“ MY DEAR SIR,—Your kind enquiries after my health claim my earnest gratitude. I owe you many thanks for your kind and skilful treatment of my case. I am thankful to inform you that I have felt no inconvenience since I left your “ Home.” My system seems to be working in a clear and healthy manner, and I am able to take pleasant exercise, daily walking five or six miles. I have passed through the winter very well ; only one slight cold which quickly went away, and left nothing to complain of behind. I often think that while under your care I must have had supernatural support, for I remember, that though at times I had to suffer, my confidence in you never left me : I felt that everything that was done was quite necessary to effect my cure, which I feel now is perfected. I have not been to London since, or should certainly have called to see you.

Acknow-
ledgment.

“ Please remember me kindly to your son and thank him, and Mr. and Mrs. EARLY, for their kind attention and sympathy while in your Home Hospital.

“ Yours truly,

“ W. C. L.”

Both the above aged patients are alive and well. The Rev. J. B. still attends to his clerical duties, and Mr. W. C. L. walks several miles a day, and is a wonder to his friends and neighbours.

*Stone in the bladder, mistaken and treated for paralysis
of the bladder for two years.*

THE REV. T. H., L—— Vicarage, Lincoln.

Stone mis-
taken for
paralysis.

The account given by the patient of his sufferings before he came to London all but satisfied the writer he had stone in the bladder, and on that account he felt certain he could cure him in a month, and wrote to tell him so.

The patient met with an accident in the hunting field, through his horse stumbling over a fence, pitching him on the other side and afterwards falling upon him, and as he described it “doubling me up.” He was picked up insensible and carried home; his local doctors being sent for regarded the case as very grave, and sent for Sir P. H. from London, who diagnosed the case as paralysis of a very severe character.

As the patient began to recover consciousness, he suffered from considerable irritation of the bladder, which Sir P. H. said was the effect of the paralysis, and for which irrigation of the bladder was recommended. This was systematically carried out for two years without any relief; in fact, the almost constant irritation and accompanying pain, amounted to what he described as perfect torture by day and night.

Patient seen
by the
writer.

Upon the patient's arrival at Morley's Hotel, Trafalgar Square, the writer saw him, and became still more satisfied that he was suffering from stone, for these reasons:—

Found
suffering
from stone.

1. He was of a very florid temperament and a free liver, such patients being considered predisposed to stone.

2. Although the paralytic symptoms had gradually got better, the bladder trouble, nevertheless, had become intensified to an alarming extent; the writer therefore argued that if the bladder trouble were due to extension of the paralysis to the bladder, as Sir P. H. said it was, then, surely, the cause—paralysis—being better, the

bladder itself ought to be better; but the contrary was the case. He accordingly came to the conclusion that a stone had been present in the bladder for a considerable time previous to the accident, but that, being impacted in the folds of the diseased organ, and consequently immovable, it had not given any trouble. When, however, the accident occurred, the stone became released, and as soon as the patient recovered consciousness, it commenced to set up irritation, and the mechanical worry from the stone was mistaken for the effect of the paralysis.

The writer kept urging the patient to submit to an examination to put the matter beyond doubt, but, for some reason or another, he refused: at length, after great persuasion, he consented to be examined by his old friend and surgeon, Sir P. H., who verified the writer's diagnosis. The same surgeon crushed the stone in the old-fashioned method, and the patient succumbed to the second operation.

Crushed in old fashioned method by another surgeon—patient succumbed.

Now the writer affirms, that had the patient's bladder been suitably prepared by the spray treatment, and the modern and scientific (BIGELOW'S) operation for stone been performed, the patient, in all probability, might now have been alive, as in cases Nos. 21 and 22. Both these patients were older and more feeble, and in every respect less able to combat the effects of an operation than the subject of the present case, as they were both suffering from organic disease of a serious nature.

Might have been saved.

No. 24.

Stone in the bladder, complicated by urethral stricture, treated as for stricture only.

Colonel —, aged 47, married.

Consulted the writer on June 19th, 1884. He said, "I have been under the care of Sir —, for eighteen months for stricture of the urethra, and have been using bougies more or less the whole time, till I am pretty nearly sick of it."

Stone with stricture.

Symptoms.

2. "I have frequent desire to urinate, and do so with intense scalding pain, and am worse for a time—more especially at the neck of the bladder—after doing so."

3. "I have been getting worse during the last four months, and pass a good deal of blood. Every now and then, there is perfect immunity from blood, if I keep quiet for forty-eight hours."

4. "Over exertion brings it on again, such as dancing or lawn tennis, but I am told if the stricture is cured, I shall be all right again."

5. "I have also discomfort in the back passage, due, I am told, to constipation and piles."

An examination revealed a tight stricture about six inches down the urethra, which the patient was told would be the most quickly cured by an operation. To this, however, he objected, on the ground that a friend of his had been operated upon by an able specialist, Sir —, and had all but lost his life through it.

Discovery of stone.

The writer thereupon remarked that it was very desirable to enlarge the urethra, in order to explore the bladder for stone, as from the symptoms he felt certain there was one present. The stricture was accordingly dilated sufficiently to allow of an examination of the bladder, and stone was discovered.

Crushed and removed.

The patient still objecting to an operation to cure the stricture, suitable means were used to overcome the difficulty, and the stone was crushed and removed under ether, on August 13th, 1884.

Recovery.

Although the patient had been much tried by former treatment for eighteen months, he, nevertheless, made a good recovery, and was out of doors on the fifth day. Before perfect convalescence was established, he felt weak for some time, owing more to irritation occasioned by former treatment, than to the operation for stone. In February, 1888, the patient continued well.

No. 25.

*Reputed paralysis of the bladder of 33 years' duration with
occasionally severe paroxysms, endangering life—
False diagnosis by eminent authorities.*

The Hon. L. D. E., single.

The following case bears the characteristics of romance, but the facts, from a professional point of view, are only too sober. The central feature is the dismal tragedy of false diagnosis.

Reputed
paralysis of
bladder—
false diag-
nosis.

The Hon. Miss L. D. E——, as the daughter of a distinguished man in public life, was surrounded with all the advantages of wealth and station. Health, however, is a higher endowment than material means. She was reduced by physical disease to a condition which the meanest could afford to pity. From the infantile age of two years the state of the bladder was such as to be incapable of any retention; and the water passing away as it dripped from the kidneys, she lived in the deplorable plight of incessant urination. A vague notion prevails among the physiologically ignorant that the capacity of urinary retention is subject to the will; and a naughty habit, therefore, was visited in after years with the extremities of scholastic discipline. The reality of the situation was eventually recognised, but the ablest and most eminent advice was unavailing, and for thirty years she passed her life in the hopelessness of what was pronounced as incurable paralysis of the bladder. Occasionally the sufferer was subject to aggravated paroxysms referred by the surgeons to inflammation, and these as years passed on grew more frequent and severe, until life itself was jeopardised. In the year 1889 she chanced to light on the fifth edition of the present work and with the hopefulness, however desperate, which a sufferer rarely relinquishes, the writer was consulted to enquire if anything could be done. The case was one demanding preliminary treatment before an effective examination could be made, and when the bladder had been cleared it was conducted under the influence of

Pitiable con-
dition of the
patient.

Aggravated
paroxysms.

Lighted on
previous
edition of
present
work.

The writer
tried.

ether. The result was a distinct apprehension that the reputed paralysis of the organ had no existence. To the writer's perception the real source of mischief, moreover, was sufficiently plain. Meeting the mother's somewhat anxious enquiry, he offered the tranquil assurance, "Madam, I think I can cure your daughter."

The truth.

"Cure!" returned the lady in astonishment, "What *can* you mean? You know, doctor, that all the best surgeons of the day who have seen my daughter have pronounced her case to be incurable; the most eminent men whom we consulted all echoed the same thing: that it is paralysis, and that it is incurable. I only ventured to hope that your special skill might devise some methods of relief. Surely (in incredulous but appealing tones) you cannot *cure*!" The truth was, the writer had discovered what other surgeons had failed even to suspect, the presence of what he had anticipated from the first, an enormous stone. The bulk of the calculus

Stone filling
the entire
bladder.

filled the whole cavity, the bladder was intensely hypertrophied, and grasping the substance forced it into the left side of the neck of the organ, and thus obstructed its function, insomuch that there was no retentive capacity, and the urine flowed away involuntarily. Hence the former medical and surgical advisers, perceiving the effect, but ignorant of the cause, pronounced it "paralysis of the bladder," "which," they added, "is incurable." The writer thereupon told the mother of the discovery, and advised the removal by lithotomy (the cutting operation). At the same time, he made no concealment of the element of risk in the case. The patient's health was delicate, and her natural strength was reduced by social privation and physical suffering. Consent, however, was given, and it was agreed that the opinion of an eminent surgeon should be taken as to the chances of success. Further, the writer's view was confirmed, on a second examination, by two surgeons of distinction. They agreed that lithotomy was the only available resource, since the lithotrite (for the crushing operation), owing to a

Removal.

difficulty of entrance to the bladder, could not be employed. The patient having elected a sojourn at the writer's residence, and day and night nurses appointed, the operation was successfully performed by Dr. GORDON G. JONES (the writer's son); and, not without considerable difficulty, the stone was removed. It was found to weigh over three ounces. The severe injury occasioned by it to the neck of the bladder was a complication; but the patient, nevertheless, made a good though a slow recovery.

Thus is illustrated the prolonged mischief of a false diagnosis to which even "eminent authorities" are liable. The writer forbears to speculate what might have happened if the positions of the homœopath and the allopath respectively had been reversed. If disastrously wrong treatment had been pursued for over thirty years by sundry homœopaths, and, at the last moment an allopath, on being appealed to, had discovered it, how the whole social fabric would have been convulsed with indignation! "Actions-at-law," "Malapraxis," and even "the gaol," on many an impassioned lip! Justice, however, demands that the one be judged impartially by the same code as the other.

The errors
of eminent
authorities.

No. 26.

Stone in the bladder relieved—apparently cured—while the calculus was still in the bladder.

I. B., aged 61, married.

March 9th, 1878.—The history of this case led the writer to suppose that it might be stone or prostatic disease, or both. The following is a summary of the writer's notes of the case:—(1) Has passed reddish sand in his water for a long time. (2) Has suffered from pain in passing water for ten months, gradually increasing in severity. (3) Passes about a teaspoonful of water every ten minutes during locomotion; but does not think the pain worse after urinating than before the act. (4) Has occasionally seen specks of blood embedded in the thick

Stone in the
bladder.

Symptoms.

ropy mucus which is always deposited in the chamber utensil. (5) Has had considerable forcing discomfort in the rectum from an early period of his suffering. (6) Urinated in my presence about a table-spoonful of thick urine, which appeared to fall perpendicularly from the meatus, as happens in prostatic disease. (7) Had been told by the physicians and surgeons previously consulted that he had stone, and operation advised. This frightened him. He complained of the pain he had experienced from various examinations he had undergone. As there appeared some doubt about the case, and the patient being very nervous about being "sounded," a mild spray was administered, and he was requested to come three times a week.

Spray administered.

March 11th.—On entering the consulting room he said, "I am better, sir; last night was the best night I have had for four months. I have been out of bed only twice during the whole night since I last saw you." Introduced the catheter, and drew about two ounces of urine and gave a second spray.

March 16th.—Drew by catheter half an ounce of urine, which was much clearer. He states: "I have seen no blood since the first application."

Improvement.

April 1st.—Has rapidly improved since the last consultation. He states: "I have only had occasion to get out of bed once during the night since I was here. My water is quite clear. There is no mucus in the chamber; it used to be thick and just like a pancake at the bottom."

April 6th.—He entered the room with a nimble step and a cheerful countenance, saying, "This is the best week I have had for the last twelve months. I can hardly believe it. I noticed the improvement, particularly on getting upstairs from the kitchen. I used only to get up one leg at a time. I had to drag one leg after the other, so to speak. The water is quite clear. It is such a comfort to be in bed all night without being disturbed."

April 15th.—Drew about half an ounce of urine before applying treatment. He states, “I continue to improve. I went to bed at ten, and got seven hours’ sleep right off. When I passed water I did so without any pain; and I feel I shall soon be well now.”

June 19th.—The patient came as usual, apparently all but well. On this occasion a firmer instrument was used with which to administer the spray, the patient being in a standing posture. For the first time a heavy stone was apparently felt grating distinctly against the catheter. This led to a more careful examination by a metallic “sound”; the result showing unmistakable physical evidence of stone. “Click” after “click” was elicited audible to the bystanders and to the patient himself. At this period the writer was very desirous of curing stone in the bladder by dissolution and took considerable trouble to ascertain the exact measurements of this one in all directions. This was no doubt trying to the patient—the irritation in the bladder annoying him. Before this he had appeared perfectly well satisfied with the treatment. Now he became vexed at the discovery of the stone and never came again. Some time afterwards his son informed the writer that the stone had been removed by another surgeon.

All but well.

Stone remained in the bladder.

Removed by another surgeon.

No. 27.

Stone in the kidney—supposed to be lumbago.

The Rev. C. G. S., aged 38, married.

Had been treated by two surgeons, both of whom assured him that he “had no stone.” The writer’s diagnosis of the case led him to the conclusion that stone was present, and treatment was applied accordingly, which, though not leading to an operation being performed, nevertheless contributed to the removal of the stone, as evidenced by the following letter:—

Stone in the kidney—assurance by two surgeons there was no stone.

Treated by the writer.

“ December 12th, 1882.

Stone passed
by patient.

“ MY DEAR DR. JONES,—It is due to your generous kindness and to your skill that I should tell you you were quite right as to your judgment in my case, for I have been very ill and confined to my bed, and on Saturday last I passed a stone as large as a good sized pea, which was very hard and looked like a piece of ‘iron ore.’ It is strange that I have never passed gravel, and that both Dr. B. and Dr. M. were quite sure that I had no stone, so that it is due to the credit of your skill to have been so sure that I had one.

“ Believe me, sincerely yours,

“ Stretton-under-Fosse,

“ C. G. S.”

“ Rugby.

No. 28. V. DE M.

The *London Weekly Telegraph* on a case of stone in the bladder with enlarged prostate.

Leading article from the LONDON WEEKLY TELEGRAPH, August 17th, 1889.—Stone in the bladder and enlargement of the prostate, the stone could not be discovered till after the spray treatment was used.

Now that Parliament is about to inquire into the management of our hospitals, we would direct the attention of the public to a self-supporting hospital that is quietly doing a vast amount of good and turning out patients thoroughly cured, many of whom have been pronounced incurable by the most eminent physicians, patients who have tried many of our most popular hospitals, only to be told that they were incurable.

The Home
Hospital.

The hospital we refer to is the Homœopathic Home Hospital in Dean-street, Soho, for stone and diseases of the bladder, of which Dr. DAVID JONES, of Welbeck-street, is the founder. His name has now become far and near as a household name for these peculiar diseases, some of the most distressing to which humanity is heir.

Testimony
to the skill
of Dr. David
Jones.

We speak from personal knowledge when we assert that he has effectually cured thousands of cases, many so difficult that they have baffled the skill of medical practitioners whose names stand highest upon the scroll of fame, men whose decision would be looked upon as final, and whose inability to cure would, in the usual course of things, be the death-knell to all hope. But where these sufferers have been fortunate enough to come to Dr. JONES, he has performed miraculous cures even upon patients long passed the allotted years of three score and ten. Both men and women who have tried the most popular hospitals and their most skilful doctors and been discharged as incurable, have in a short time been thoroughly cured by Dr. JONES's treatment. He has brought to bear the knowledge and skill of a long life upon the cases he undertakes, with the most satisfactory results. So that there should not be the slightest doubt as to what he effects, he gives in print the names and addresses of the patients he has cured, together with their letters, also the names of popular London hospitals, and the most eminent surgeons and physicians of the day who treated them unsuccessfully, and in many cases pronounced them incurable.

Such astonishing facts are indisputable, and afford indubitable proof of the extraordinary powers possessed by one whom we believe to be the greatest specialist extant. We feel all the more pleasure in penning these lines, knowing what he has done in our own individual case. For a year we were suffering most acute pain, which our West-End physician said must be stone. He examined us, but could find no evidence of stone; therefore said it could not exist. The pain still continuing, we went to a large hospital, and another medical man said we had not got stone. After suffering months of pain, we came across a gentleman that had been cured of a similar disease by Dr. JONES, after having been given up by other doctors. He could scarcely move about when he first saw Dr. JONES, but was soon permanently cured. On our first visit to this eminent

West-end
physician
unable to
find stone.

Nor could
surgeon to
large
hospital.

Patient
heard of Dr.
David Jones.

Spray
treatment.

Stone
removed.

Speedy
recovery.

specialist, he said he felt assured we had stone, but that he was certain he would soon cure us. After several applications of his spray treatment to reduce the enlargement of the prostate gland, we were placed under ether and a search made for the stone, which was found embedded in the bladder. After more spray treatment, the stone was released, then we were placed again under ether, and the stone crushed and brought away painlessly. An instrument containing an electric light was inserted into the bladder to see that it was thoroughly cleared. We were able to do some writing the second day after the operation, and on the third day we left the hospital and went by railway and walked some distance home. We were told that we were a walking miracle. For the first time in a year we were free from pain, and feel no ill effects of the operation. Our case, which seems so extraordinary, is only one in many, and we simply cite it to give honour where honour is due, and to let suffering humanity know where it can be treated and restored to health. We need only add that Dr. JONES's invaluable services are within the reach of the poor as well as the rich, and we consider such a man is a public benefactor, whose name and fame should be known wherever there is a sufferer that can be cured by his treatment.

Stone in the bladder, declared by hospital surgeons to have no existence, discovered by the Spray treatment—Enlargement of the prostate, declared incurable—Stone removed, speedy cure.

SERIES OF CURES BY THE SPRAY TREATMENT IN CAMBRIDGE.

Efficacy of Spray treatment—series of cures in Cambridge.

W. C., Cambridge, aged 56.

This is one of several cases in the town of Cambridge which have come under the writer's care, all of them illustrative of the efficacy of the Spray treatment.

They began with the case of Mr. W. HOLMES (No. 49), who, after being in the hands of the "first physicians" in Cambridge for five months, without deriving the slightest benefit, was told that all that could be done for him had been done—namely, nothing of any use. He was restored by the writer with no more than two applications of the Spray. His friends, who were cognizant of his fruitless treatment under the Cambridge physicians, with the limited resources they have, were led to characterise the result as little less than "a miracle:" and Mr. HOLMES subsequently declared, as will be seen by his letter in the case report, "I make it my duty to talk to all I meet about your successful cure." He evidently did a good deal in that way. The writer's fame began to spread in Cambridge as a resource for bladder and urinary cases which the local Faculty were unable to cope with.

After five months fruitless treatment by Cambridge physicians, cured with two sprays.

Soon afterwards, Mr. W. REYNOLDS, of Barrington (case No. 50), who was suffering from severe bladder symptoms, but was discharged uncured from Cambridge Hospital, hearing of Mr. HOLMES's rapid cure, resolved to try the writer's Spray treatment; and he, too, was quickly cured with three sprays. His Cambridge experience was more unfortunate than Mr. HOLMES's,

Discharged uncured from Cambridge Hospital—cured with three sprays.

which only eventuated in nothing. He was taught the use of the catheter, which aggravated his disease with further pains, setting up a highly sensitive soreness, till the instrument had to be abandoned, and his condition was worse than before. He, too, recognises the value of the Spray treatment. Such was his comfort after cure that he felt it "impossible to express his gratitude."

Celebrity of
Adden-
brooke's
Hospital—
Distin-
guished pro-
fessors.

Now, Addenbrooke's Hospital in Cambridge is an institution of note, a source of local pride and professional glory, a centre of light in the medical world, and a trusted example and guide to the eastern and midland counties round about. It was distinguished, among other notabilities, by the services of Professor (now Sir George) HUMPHREY; and it was he, with Professor BRADBURY (Professor of Physic in Cambridge University) who so fruitlessly attended Mr. HOLMES.

The writer's
better
methods.

The writer freely acknowledges the merits of Addenbrooke's Hospital, and is disposed to condole with its medical celebrities on their lack of success in the cases noticed. No doubt they did their best; but, as it happens, their means were not equal to their wishes. He trusts that his own successes, with better methods, where they had wholly failed, were as satisfactory to them as to the restored patients.

Local
jealousy.

Yet such satisfaction—so jealous is local sentiment apt to show itself—does not seem to have filled the minds of all to whom the cases became known. In the case here to be described, that of a carpenter and joiner in humble circumstances, considerable obstacles seem to have been placed in the way of the patient, who, on the failure of the local hospital treatment, wanted to consult the writer.

Stone in the
bladder
declared
non-existent
with
diseased
prostate held
incurable.

W. C. had been an unusually heavy sufferer from bladder symptoms extending over twelve months. What the suffering was really owing to, as the writer afterwards found, was stone in the bladder together with enlargement of the prostate. He was under treatment by several local surgeons from time to time, none of whom did him any good; and, as they did not sound for

stone, presumably did not suspect any. At length a surgeon, who apparently did suspect it, sounded him twice, but failed to find stone. The patient, being afterwards admitted to the hospital, was further sounded, first by Professor HUMPHREY, who, while the instrument was in the bladder, called two students to try if they could detect stone; but neither he nor the students could find any. Then, on two successive occasions, he was sounded by another surgeon, Mr. LUCAS, with the result that, like the others, he declared there was no stone. All concurred, however, that the patient had diseased prostate, which is held incurable, and which they did not cure.

The patient was not unnaturally disheartened, but he was not at all resigned. The renown of the writer for the successful treatment of cases of the kind, in which others had failed or had abandoned, was not short of reaching him; for Cambridge is not too large a community for the spread of personal information. He had heard of the prompt cure with a single spray in Mr. HOLMES's case, which the Cambridge notabilities had given up. Probably Mr. REYNOLDS's rapid recovery under the same treatment was not unknown to him. He became seized with a desire to consult the writer, whom he regarded as the last resource open to him; but, being in poor circumstances, and doubtless straitened by prolonged physical disability, he had no means to go to London for the purpose. He applied for help to a local clergyman; but the reverend gentleman, perhaps untaught by suffering, was not appreciative of the patient's seemingly far-reaching aspiration. The intense, absorbing longing inspired by a hope for the assuagement of intolerable misery, and justified by the patient's subsequent declaration to the writer, "I should have been dead now, but for you," did not come home to the clergyman's pain-untutored mind. Not unnaturally, perhaps, he regarded the sick man's fixed idea to "go to Dr. DAVID JONES" as a mere restless fancy, only, if indulged, to be succeeded by some other still more fanciful; and, any

Patient disheartened.

Wished to consult the writer, but was without means to go to London.

Vainly sought charitable assistance.

way, he resented it as a reflection on local surgical skill, of which the community was so proud. "Were not Professor HUMPHREY and other surgeons in Cambridge as competent to deal with the case as any London surgeon?" He was offended. The sufferer's retort, that he had been for months under their treatment without deriving any benefit, had no sensible weight. He could give no assistance for such a purpose. The patient's appeal to a local charitable society met with no better success. No doubt, it is somewhat a stretch of charity, as commonly understood, to help a sufferer to a distant source of surgical relief, when so much excellent professional skill lies available at home. The writer quite appreciates the scruples both of the clergyman and of the charitable society. At the same time, he knows the inextinguishable yearning of wearing and disappointed anguish to seek relief where a prospect of recovery has dawned. So, apparently, did the Ex-MAYOR, who, again, as it happened, had derived great benefit from Dr. DAVID JONES's treatment. With generous fellow-feeling, this gentleman, on being appealed to, without further ado, sent the sufferer up to the Home Hospital, to be under the writer's care (December, 1887).

Generous'y
assisted by
the Ex-
Mayor.

Enlarged
prostate
successfully
treated—
embedded
stone dis-
lodged by
the spray,
and removed
—recovery.

The case, on examination, was found to illustrate a double incapacity of the Faculty at large, even of the more eminent and highly skilled. The patient had not only enlarged prostate, which they cannot cure, but he had an embedded stone, which experience shows that, as a rule, they cannot find. The Spray treatment, which is the writer's own, effects both purposes, by means of direct action in the bladder itself, and likewise to the affected part. In the event, the enlarged prostate was successfully treated; the embedded stone, which was declared to have no existence, was dislodged by applications of the Spray, and successfully removed by Dr. GORDON G. JONES, the surgeon to the Hospital. The patient's sufferings were now ended. He made a rapid recovery, and has continued well ever since. He writes:—

“ I, Field’s Court, Christ Lane, Cambridge,
“ July 21st, 1889.

“ DEAR SIR,—Thinking you would like to know how I am getting on, I am happy to say I can follow my occupation as carpenter and joiner without any inconvenience, for I have not had an ache or a pain since I left the Home. I saw Mr. HOLMES the other day, and he wishes me to remember him to you. He continues quite well. I must thank you and Dr. GORDON for the kind treatment I received when at the Home, and, as people say that knew me in my illness, for the marvellous cure you made in my case; for I think I was one of the greatest sufferers that ever was.

Grateful
acknowledg-
ment.

“ I remain, Dear Sir,

“ Yours ever grateful,

“ W. CLARK.

“ DR. DAVID JONES.”

CLARK was indeed a heavy sufferer ; and though he admits with grateful expressions that everything possible was done for his alleviation during the Home Hospital sojourn with which his treatment closed, he could not be kept from incessant groaning night and day. But his sufferings were short. By the aid of successive sprays, the embedded stone was soon dislodged, and the dislodgment was followed up shortly afterwards by its removal, as described.

In a more recent letter, under date May 6th, 1891, CLARK says, after referring to some of the experiences of his old sufferings :—“ Thank God, I am quite well now, with many thanks to you and Dr. GORDON for it, and for the kind and charitable way in which you treated me; for if it had not been for you, I should have been dead long ago.”

STATISTICS OF STONE IN THE BLADDER.

Statistics of
stone.

It will be gratifying to sufferers to know that death, under the operation for "stone," as conducted by the writer, is never anticipated, even in advanced life, where patients have been tormented for years, and treated for anything but "stone in the bladder," as happened in Cases 21 and 22. Both aged patients are alive and well; one at the age of 86, is still attending to his clerical duties; the other living retired at Newbury at the age of 85. The clerical patient, moreover, underwent two operations, while the other, having organic heart disease, underwent five operations.

When a fatal issue has resulted—averaging 3 per cent—these cases were complicated by serious chronic and advanced disease of the bladder, ureters and kidneys, and in most cases the sufferer had been treated for "incurable disease of the bladder;" "cancer of the bladder;" "old man's bladder;" "enlarged prostate," etc., etc. A late Indian Judge, Sir ——— was among such cases; he was assured by two specialists that he had *No Stone*, but simply prostatic enlargement, which was incurable. He had been confined to his house for four, and to his bed room for two years before coming under the writer, who, in the presence of his local doctor, examined him, and discovered the presence of a very large calculus. He was advised, in his condition, *not* to have an operation, but his sufferings were so great, that he insisted upon an attempt at all risks, saying he would rather die than endure such torture. An operation was accordingly performed, and the stone successfully removed, but the shock to an already worn-out and enfeebled frame was so great, that he succumbed on the 14th day. The writer, nevertheless, believes that the operation was the means of prolonging the patient's life; at any rate, it enabled him to pass his few last days free from pain, a consummation which for four years he had so earnestly prayed for.

ENLARGED PROSTATE COMPLICATED WITH URINARY DISEASES.

No. 29.

Disease of prostate gland, with inflammation of the bladder, and other complications—two years' ineffectual treatment in West London and St. George's Hospitals—permanent cure.

E. S., aged 58.

March 1st, 1874.—He had been suffering since 1872 from irritation of the bladder, causing much pain and discomfort—lost flesh, looked very ill, was pale, and the expression of countenance denoted great suffering; became very irritable, was feverish and disturbed at night. A bad cold considerably increased his suffering, and brought on constant desire to urinate: He states: “I had to run in a moment when the desire to pass water came upon me; if I did not immediately satisfy the call of nature, the water came away from me by itself, attended by severe burning and spasm.” The acute symptoms somewhat subsided, but left considerable irritation and desire to urinate at night, and afterwards during the day. His medical attendant, at Brentford (w.), examined him with instruments, and pronounced his case to be “inflammation of the bladder, and disease of the prostate gland.” Gradually getting worse, he had to leave off his occupation on several occasions, and declare on his club; and eventually he was laid up and confined to his bed. He was invalided from March to August, 1872 (five months).

Diseased prostate with complications.

Patient's statement.

No relief
from his doc-
tor, nor from
the Hammer-
smith Hos-
pital.

Getting little or no relief from his doctor's treatment, his late employer, Mr. Whyman, 48, King Street, Hammersmith, for whom he had worked seventeen years, advised him to go to Hammersmith Hospital. He consented, and was kindly treated there by the medical officers who took charge of his case; still, he got no relief—indeed, he became worse.

Nor yet at
St. George's.

The Rev. Mr. DRIBBLES, of St. Paul's Church, Brentford, now interested himself on his behalf, and gave him admission to St. George's Hospital. He was examined for stone six times, by the surgeon there, who gave various opinions about his case. The treatment he was subjected to was very trying; and although an inmate of the Hospital for three months, he got no relief. In reply to his enquiries, the surgeon ultimately told him he was suffering from enlargement of the prostate gland, and, possibly, fleshy enlargement in the neck of the bladder in addition. It was, however, thought that as he got no relief in the Hospital, fresh air and good living might be of use to him; and he was accordingly removed to the Convalescent Home, belonging to the Hospital, in Wimbledon. He received every attention from the House-Physician, and was somewhat improved in general health; but his bladder disease was no better; consequently he returned to his occupation. He followed his work with difficulty, and was compelled to adopt various expedients to give him ease in sitting; a cushion was placed under his right thigh, on which the whole weight of his body rested, thus relieving the painful pressure on his seat. After enduring a miserable existence, he became much worse, and having at this time purchased a copy of the writer's little treatise on "Diseases of the Bladder Cured by a New Discovery," he consulted him on his case. His symptoms were as follows:—(1) Almost constant desire to pass water, attended with violent burning and straining, day and night, and thought himself pretty well if he went an hour without micturating; (2) passed blood and a thick discharge towards the latter end of the act; (3) was

"A miser-
able
existence."

Symptoms.

always worse during and after exertion of any kind, and after walking, or riding in any kind of carriage—this greatly increased the tendency to micturate, but, though he had an urgent desire, he was only able to void a teaspoonful about every ten minutes ; (4) severe burning pains about an inch from the urethral aperture—this pain extended, in a modified degree, along the perineum (the crutch), until it reached the fundament, when it became more severe and constant : a gnawing, burning pain, which gave him a sensation as if the bowels wanted to relieve themselves, although such was not the case ; (5) the urinary secretion was cloudy and deposited mucous discharge, offensive to the smell and alkaline in its character ; (6) had slight stricture in the urethra ; (7) could not thoroughly empty his bladder, about an ounce of offensive urine remaining, which was drawn by the catheter ; (8) the prostate was tender to the touch, and considerably enlarged.

The treatment adopted by the writer in this case was, to use graduated catheters with a spray arrangement ; in this way the stricture soon gave way, and one obstacle to the bladder mischief was thus removed. After the third application, which was administered on the 10th of March, 1874, he expressed himself relieved. On the 28th of the same month, he states : “ I passed a jelly-like substance, very slimy, not unlike a small snail ; and I have been better ever since. If I could be sure of remaining as well as I am now, I shall for ever feel grateful to God for directing me to you.”

The writer's
treatment.

April 8th—considers himself improving ; urinates only twice during the night ; he still passes a little blood occasionally. On introducing the catheter and spray, there is some difficulty in getting over the prostatic portion of the urethra.

Improve-
ment.

April 11th—he states, “ I am so delighted with myself that I sometimes cry, and at other times laugh, when I think how quickly you have cured me. I seem as if roused out of a dream, and cannot tell what I think of myself.”

April 22nd—after the last application he passed a good deal of blood (not clotted), passed water only twice during the night, and three times during the day.

April 28th—"I have had no return of my suffering, sir," were the first words with which he greeted the writer. "I used," he added "to suffer from a pulling, smarting pain in the act of bending forward in my business, which was a great inconvenience to me; but this is now quite gone." Advised him to leave off treatment for a few weeks.

May 27th—he had been worse on account of not continuing the spray longer; the spray was again repeated.

"Perfectly
cured."

Sept. 2nd—the last spray was more efficacious than former applications. He had, he says, "passed no blood for five weeks," and thought himself now "perfectly cured." Another spray, for safety, was, however, applied.

In reply to enquiries respecting his health, in January, 1875, he writes, "Thanks be to Almighty God, and your skill, I continue quite well." In March, 1875, he called upon the writer, looking well, and had had no return of his symptoms; exertion gave him no discomfort. On examination it was found that he could perfectly empty his bladder. The prostate had been greatly reduced in size, but was still larger than it ought to be in health. There was no tenderness on pressure. He said, "I am as well as ever I was, and have not seen either discharge or blood for months."

Acknow-
ledgment.

Dec., 1880,—he writes, "I think that you have made a *perfect cure* of me: I return you my sincere thanks for your kindness and skill. I hope you will publish my case for the benefit of other sufferers. I shall feel it a pleasure to see any one and verify your plan of treatment."

No. 30.

Disease of the prostate and bladder complicated with spinal and kidney mischief unsuccessfully treated by Homœopathic physicians and at St. Thomas's and Guy's Hospitals—pronounced "hopeless"—cured.

T. L., aged 58.

This patient has given so graphic an account of his sufferings in the appended statement, that the writer does not consider it necessary to add anything to what is there written—except a few words for the benefit of enquirers.

Disease of the prostate and bladder, with complications.

Remarkable case.

This was a very remarkable case. The following particulars, voluntarily sent to the writer, embrace almost a verbatim copy of the letter received from the patient, with an express wish that his name and address should be published for the benefit of sufferers from similar disease.

The Vicar of the district in which the patient resides is well acquainted with the case, and also with the medical gentlemen who attended it previously to the writer being consulted upon it. These gentlemen, with others resident in the neighbourhood, were very kind to the patient during his long and severe illness, and could, if requested, corroborate his statement.

It may also be mentioned that the patient continues well up to the present time.

STATEMENT.

"In the beginning of March, 1872, I met with an accident through a boiler and coil, weighing about two hundredweight-and-a-half, falling against me, which gave me a sudden twist that affected my whole system, and especially the lower part of back and stomach. Rest and poultices restored me in about a month. In three months after the accident I began to feel the first discomfort of a burning-like sensation in the lower part of my person, as well as a feeling as of a bunch of red-hot needles being thrust into the fundament. I could only sit on the edge of a chair; if I attempted to sit in the usual way I had a sensation as if the bowels and lower

Patient's statement.

Severe suffering.

parts were being burnt with red-hot iron. When in the workshop I have often had to hold by the 'vice' to prevent falling to the ground. At this time my urine flowed very slowly from me and with great pain. My bowels were also intensely confined. The water now commenced to dribble from me. I have had to remain in the w.c. for an hour-and-a-half to two hours before I felt that the bladder and bowels had been relieved. After dragging on for twelve months under medical treatment and quite unable to attend to business, I was sent to the seaside. I did not improve—on the contrary, I began to swell so that my things had to be let out three inches. I soon got worse again in my bladder and bowels, and the red-hot-needles-feeling increased greatly. I had to come home, and being in every way worse I had to shut up my shop for seven months. I was now told for the first time there was no cure for me. I passed water in the greatest agony as often as six to seven times an hour, in quantities of about half a teaspoonful at a time, which I passed with fearful straining. All this while I felt as if I could pass a gallon each time. I could not stand upright without support. I got no good from any of my doctors, so I was recommended to go to Guy's Hospital. I had to go by omnibus, which tried me sorely, as I had to get out of the omnibus four times on my way to Guy's to try to ease myself. I went to and fro in the greatest misery for four weeks without any relief. Here I was physicked dreadfully, and blistered until I was so reduced as not to be able to put one foot before the other without great pain and difficulty. It has taken me more than an hour to walk from the omnibus to my house, a distance of about 300 yards. I had to do this by holding to the railings. After five weeks' treatment I was worse than when I commenced. I now got an order from a retired physician for St. Thomas's Hospital. I attended here for four or five weeks. At the end of that time I got an order to have my medicine repeated. When I told the Doctor my water was not a bit better, and that 'repeating' was not of the slightest use to me, and after telling

"No cure."

Tried Guy's
Hospital.

Also St.
Thomas's

him all my terrible sensations, he ordered me to an adjoining room to be examined. Here, he tried to pass an instrument into the bladder, but failed to do so, and had to put his finger into the rectum to help the instrument into the bladder. After examining me he said, 'There are two stones here.' I was treated at St. Thomas's for 46 weeks, and examined five times for stone by various doctors. I told one doctor I was not afraid of the knife, and I would gladly have the stones cut out. He first told me he must dissolve them, but afterwards that I was not suffering from stone. At this time I had to try to empty my bladder every five minutes; but, instead of any water coming, it was a violent, burning, straining, forcing, gnawing, pain, extending from the bladder and private parts into the crutch, which gave me a sensation as if the bowels wanted to be relieved. My distress was so great at this time that I have had to get out of bed 30 times an hour up to one and two o'clock in the morning; after one to two o'clock I got two or three hours' sleep from sheer exhaustion. I had to place the chamber utensil in a slanting position and rested till the sudden burning came upon me, that drove me all but mad. Words cannot describe my agony; it is quite useless to try to do so. When I tell you that my hair and whiskers, which were dark, had, by this time, turned *quite white*, it may convey to you some idea of what I endured. My age at this time was 42, but I was never taken for more than 35 before the disease began. At this period people took me for a man of 60 to 65,—my continued suffering had so aged me. At this period my wife went to Mr. W., of St. Thomas's Hospital, and obtained for me admission as in-patient to the Institution. I must indeed have been very near death at this time. The doctor who had attended me so long had not the slightest recollection of me. There was now a consultation with eight of the physicians and surgeons of the Hospital. One after another tried the bladder for stone, and came to the conclusion there was none, but said I had a fleshy substance growing in the bladder. The

Distress increased.

Very near death.

Case "quite
hopeless."

"No man in
existence
can cure the
disease you
are suffering
from."

doctors were a long time consulting about me, and it was ultimately settled I should be blistered all over my back. God only knows my suffering at that time. After twenty-four days' treatment in the Hospital I was sent down to the country for sea-bathing. I seemed here to get better, but no sooner had I returned home for work, than all my old pains returned worse than ever. The sensation of wanting to pass water and unable to do so was fearfully trying. Any movement of the body, as riding or walking, increased my suffering to an intense degree. I had to be sent back to the Hospital and was placed under Dr. S.'s care. He did me no good, and at last told me there was no known cure for my disease. I was now placed under another doctor, whose name I forget. This gentleman told me my case was 'quite hopeless, and that I had better go home to die.' I was sent home, and made up my mind to try Homœopathy. A medical gentleman in my own neighbourhood visited me at my own house from October, 1876, to May, 1877. He informed me I had chronic inflammation of the bladder. Besides medicine which he gave me, he recommended a cold water compress round my abdomen and back every night on going to bed. He was very kind and attentive to me, but did me no good. When taking his leave of me, I was comforted by words to this effect:—'Mr. Ludlow, it is useless for me to come to see you again; it would be simply picking your pocket; your disease is perfectly incurable. You had better prepare for another world; death alone will put an end to your suffering.' I then asked him, 'Is there no hope whatever?' He replied, 'None whatever: there is no man in existence that can cure the disease you are suffering from.' I was terribly depressed after he had left me, and felt I should like to try another Homœopathic doctor not far from my own house. I did so, and certainly improved a little under his treatment. I became so far better as to be able to crawl out of bed and go down stairs back foremost, on my hands and knees, my wife standing at my back to prevent me from

falling backwards. I had my bed made on the couch, where I remained for four months. When the doctor found he could do me no good he took his leave like his predecessor, and told me my case 'was a hopeless one—death only would put an end to my pain.' My condition now was such that no one can describe. I had tried in all eleven or twelve different doctors, extending over a period of five-and-a-half years, and during the whole time I was suffering most acutely. My disease had been variously called 'Stone in the Bladder,' 'Gravel,' 'Painter's Colic,' 'Inflammation of the Bladder,' 'Irritable Bladder,' 'Disease of the Spine,' etc. I looked like a poor worn-out old man between 70 and 80 years old,—drawn double by pain and grief,—not even able to stand unless I had support on each side of me; indeed, my countenance bespoke that my time here below was fast coming to a close. My toes were drawn in, and I was in all respects a helpless wreck. Just as all earthly things appeared to be at an end, and I had earnestly prayed that God would in His mercy help me or put an end to my wretched condition, I saw an advertisement of a book on 'Diseases of the Bladder and Prostate, by DAVID JONES, M.D.,' which I procured. After reading it I became convinced that the local treatment was more likely to cure me than anything that had been tried. I made up my mind to send for you, and I can confidently say that, by God's blessing on your skill, I have been cured of a most painful disease by your treatment. I have ever since been able to attend to my business, which is that of a gas and hot-water engineer and general ironmonger, with very slight interruption, from October, 1877, and I continue well up to this date, 1880. You first visited me in August of the same year. The first spray you administered commenced its work speedily. The relief I experienced was magical. I went down-stairs to tea in two days, but only remained a very short time. After two more applications, to the surprise of my neighbours and the joy of my wife and friends, I was able to go to Bolton House in a cart.

"A helpless wreck."

Read one of the writer's books.

Sent for him.

Cured.

The spray treatment.

Slight
relapses—
“soon put
right.”

“Ready to
satisfy any
inquirer.”

“Brimfull of
gratitude.”

After my third journey to you I was able to come to you in a tram. After the fifth, I could walk to Bolton House with slight help. After the eighth journey I went to my workshop and managed to do four hours' work a day. After seven weeks' treatment I worked eight hours a day; and after eleven weeks' treatment I was discharged cured. On two occasions since my cure, I have had slight return of my bladder symptoms, but an application or two soon put me right again. I have lived in this neighbourhood for 19 years, and am well known to rich and poor. In case of any doubt of the truth of my statement, I can give any amount of references to satisfy the most scrupulous enquirer. If enquirers cannot come to me I will most willingly go to them to explain the extraordinary effects of your treatment. I write this to you, my dear doctor, with a heart brim full of gratitude, and trust you will give the fullest possible publicity to this statement, for the benefit of helpless sufferers. I pray, moreover, that God will spare you long life and health to rescue from the grave afflicted sufferers as you have me.

“Believe me,

“Your very grateful and ever obliged servant,

“THOMAS LUDLOW,

“Ironmonger, etc.

“149, Clapham Park Road, Clapham, S.W.”

No. 31.

*Disease of bladder and prostate treated by eminent physicians and surgeons without relief—
cured in a month.*

W. R., Esq., aged 68.

Diseased
bladder and
prostate.

Unsuccess-
fully treated
by eminent
surgeons.

January 9th, 1879.—Has been a great sufferer for seven years, but considerably worse during the past two years. Treated by several of the most eminent surgeons in London, who pronounced the case to be as above designated. The writer's diagnosis shewed the prostate gland to be considerably enlarged. On being asked to

urinate, he said he had "not long done so," but would try. Urged to try thoroughly to empty his bladder, he did so, and passed three-and-a-quarter ounces. The urine was alkaline and loaded with thick mucus. On introducing a catheter, drew eight ounces and a half of very offensive urine, highly ammoniacal, the last drops loaded with very thick muco-pus; the urine was, moreover, albuminous.

January 13th: first spray administered.

Spray
treatment.

January 16th: considers himself improving. Slept comfortably after the first application. Urinated naturally five ounces; drew by catheter eight ounces. Urine still alkaline and ammoniacal.

January 20th: "I am," he states, "decidedly better." Urinated naturally five ounces and a half; drew by catheter six-and-a-quarter ounces. Urine clearer; no muco-pus with the last drops.

Improve-
ment.

January 27th: Still improving; has little or no inconvenience. Urinated naturally six ounces, which was perfectly clear; drew by catheter only two ounces. He states: "I have not the slightest pain or inconvenience, and fancy I pass water as well as ever I did; it is quite clear at all times. In fact, I feel cured, and sleep all night, thank God, in perfect comfort. How curious, it seems, that none of the physicians I saw did me the least good! They do not, of course, understand these diseases."

Still
improving.

January 30th: Had a bad cold, is chilly, has pain between his shoulders, and feels worse as to his bladder symptoms. There is a little mucus in the urine, urinating naturally. Urinated seven ounces naturally and without discomfort. Drew by catheter two drams (120 drops).

February 3rd: Recovered from cold; urinated naturally; perfectly clear urine; only a few drops came by catheter. Gave him permission to go to Bath and leave off treatment, requesting him to resume the applications

immediately should his symptoms return. The next account of him is in a letter sent on his return from Bath:—

“Brixton Road, S.W.,

“24th March, 1879.

“Quite
well.”

Thankful—
Desires
publicity.

“DEAR SIR,—I have just returned from Bath, where I have been staying some time, and am glad to say that I feel quite well. With reference to the disease I was suffering from for the last six years, viz., the prostate gland and bladder, I feel perfectly cured. It is impossible for me to be thankful enough to you for your kind attention and wonderfully *perfect cure* of the disease in the short space of one month. When I think of the many sleepless nights I have suffered from for the last two years, and the several medical men I have applied to, viz. (*here follow the names of three physicians*), and several others, none of whom did me the slightest good, I feel more than surprised and thankful at your success. For the sake of suffering humanity, I shall consider I can never give sufficient publicity to the cure you have effected in my case; it fully bears out the several cases of cure reported in your second edition of ‘Diseases of the Bladder and Prostate’ in my possession. Should I at any time require the services of a medical man, I shall with the greatest confidence place myself in your hands. Thanking you for your successful cure,

“I am, dear Sir,

“Yours very truly,

“DAVID JONES, Esq., M.D.

“W. R.”

“P.S.—I shall feel obliged by your informing your assistant that I thank him very much for his kind attention.”

In a letter bearing date 10th June. 1879, he writes, in answer to enquiry respecting his health, “I am glad to say I continue quite well, and have had undisturbed sleep ever since I last had the pleasure of seeing you.”

A detailed account of the case is very lucidly given by the patient himself in the following letter. The circumstance which led to the letter was this : The Rev. Canon —, who was a great sufferer from prostatic disease (since cured under the writer's treatment), had communicated with the writer requesting private references. One of the three names selected was that of Mr. W. R—, and the following is published by consent :—

“ April 16th, 1879.

“ DEAR SIR,—In reply to your letter of yesterday's date relative to Dr. JONES' cure of the disease of the prostate gland and bladder, from which I had been suffering for upwards of seven years, the facts are as follows. On retiring from my profession in Doctors' Commons some eighteen years since, I amused myself by taking walking tours in different parts of the country, and, as far as I can recollect, about seven years since, when in North Wales, a slight attack took place, causing me some inconvenience by compelling me to urinate more often than usual. This continued, and gradually got worse from month to month, affecting my rest, and compelling me to get out of bed to urinate some five or six times of a night. This increased to such an extent for the last two years that the irritation of the bladder compelled me to get out of bed upon an average sixteen or eighteen times each night. This, I found, was fast destroying my health for want of rest. I should say also I was equally disturbed in the day time, which caused great debility. During the whole of the time I was in the hands of several celebrated surgeons, who were stated to have made my complaint their principal study, the last surgeon being Mr. C—, of Guy's Hospital, who, I believe, from reports, to be a most celebrated man. None of them did me any good. I was attended by Mr. C— for ten weeks, and, when complaining to him I was not better, he stated, that I must have patience and leave it to nature and his treatment. They all gave me a great quantity of medicine, and advice what to eat,

The
patient's
own account.

drink, and avoid. At length, I was despairing and low-spirited, when one morning as I was looking over the newspapers, I by accident read Dr. JONES' advertised cure of prostate gland. Although I was not a believer in advertisements generally, and feeling I was getting worse seriously, I wrote to Dr. JONES. He kindly sent me one of his pamphlets, and stated he would refer me to some persons in my neighbourhood whom he had cured. This he did, and I then called upon him at 15, Welbeck Street; and in conversation I soon found that he quite understood the complaint I was suffering from. He then stated medicine could not cure, and I then put myself in his hands. The first thing he requested me to do was to urinate to empty the bladder, which I did. He then asked me if I thought I had emptied the bladder. I stated in reply I thought so. He stated he felt certain I could not do so, and he would then show me that he was right. He then introduced into the bladder a very clever little instrument, not giving me the slightest pain, and drew off no less than half a pint of water, of the most offensive kind. This, he stated, was the first cause of the irritability, and had been in the bladder getting decomposed daily by reason of the bladder, through the prostate gland, getting weak and larger than its natural size. A *spray* was introduced into my bladder. I felt wonderful ease the first time, and that night I got a good night's rest, to my very great surprise. He then told me I must go to his other establishment in the Clapham Road, to his Assistant, each morning that I did not call upon him in Welbeck Street, and he would draw the surplus water which I could not discharge myself; so I arranged with Dr. JONES to see him twice a week in Welbeck Street, and the other five days to call in Clapham. This I did, and continued to do so for not quite a month; and the result, I am pleased and truly thankful to say, I feel cured. It is now going on for over two months since I left Dr. JONES, and I have had no return of the complaint, gaining strength daily, and can sleep without being disturbed,

"Wrote to
Dr. Jones."

"Quite
understood
the
complaint."

Preliminary
treatment.

Attended for
a month.

thank God. I should further inform you that from time to time, through the same instrument, after drawing my water, Dr. JONES injected into the bladder, touching the prostate gland, some peculiar gas, or medicine, and this was the means for several times of bringing away through the penis several strange looking slimy substances, in appearance like a part of a snail. I doubt not that was really the festering part of the prostate gland. Neither of his operations gave me any pain, strange to say. I find there is a great jealousy with the medical profession against him. I find also from enquiry and medical works, that not being able to empty the bladder causes a poisoning of the blood, which is very dangerous. I was not aware until lately that more than a third of the adult population suffer at some time of their life with disease of the prostate gland, and in many cases the causes are not known. I trust I have made myself intelligible, and believe me to remain,

No pain
from the
operations.

“Yours faithfully,

“The Rev. Canon C——.”

“W. R——.”

For the purpose, before going to press, of ascertaining whether Mr. R—— had any return of his former symptoms, he was written to, with enclosure at the same time of slips of test paper and request to dip them in his morning urine and return them. The object in doing so was to ascertain whether there was any tendency to a return of his old complaint. The test papers—litmus—were returned well *reddened*, thus giving evidence that the urinary secretion was *normally* acid. (It may here be mentioned, for the information of readers, that the urinary secretion becomes alkaline—which is abnormal—through the formation of ammonia. This is always found in most forms of prostatic urine on account of the chemical decomposition which takes place in it).

Test papers.

The following letter was received from Mr. W. R—— in reply :—

“Brixton, July, 1879.

“MY DEAR SIR,—I have just returned from Gloucestershire, where I have been staying for some time, which

"Cure most
wonderful."

is my reason for not answering your letter sooner. I return the two slips of paper, dipped in my urine (as requested in your letter) at two different times. I am very glad to say I keep very well, never better. The Rev. Canon C—— called at my house as he promised, but I am sorry to say I was not at home. When I saw him at Bolton House he told me he felt you had nearly cured him, but that he was going to stay with you another fortnight. I consider his cure most wonderful from his statement made to me of the deplorable condition he was in when he first went to you. I cannot help mentioning wherever I go your great cure of myself, and particularly to those who knew how much I suffered. I shall be very busy for some time in a matter of business, where I am a trustee, but I can manage to look in at Bolton House next Friday morning at any hour that will suit you, if you drop me a line. After that I shall be very uncertain as to my being at home, as I shall have to go to Exeter and other places.

"I am, yours very truly,

"DAVID JONES, ESQ., M.D."

"W. R——.

"P.S.—I feel if I had a few of your cards I could put them in the hands of my numerous friends from time to time on chatting to them."

On the 29th of July an examination of the prostate gland showed it to have become *considerably smaller*, and there were not more than four drams of residual urine in his bladder, giving him no inconvenience.

No. 32.

*Chronic disease of the bladder and prostate—unsuccessfully
treated at two hospitals—cured with the
Spray treatment.*

R. C., aged 29, single,

Chronic
disease of
bladder and
prostate.

Residing at Stanwell, near Staines, came to consult the writer. Being himself absent, the patient on the 29th June, 1876, consulted the assistant, who attended him till the writer saw him, viz., till the 12th July, 1876.

He stated that two years previously to his coming he was suffering greatly from pain in the back and bottom of his spine, constant desire to pass water and great pain at the tip of urethra, extending down the canal for some distance ; also intense pain during defecation, *i.e.*, when the bowels were moved. His club doctor had attended him for "prostatitis" without affording any relief. He then went to St. Peter's Hospital—was there three months as an out-patient, and for a similar period as an in-patient. Two of the surgeons there said that he had enlargement of the prostate ; another, that he was suffering from paralysis and irritation of the bladder. Deriving no real benefit either from medicine or catheters (kept in the canal for three hours at a time) he was told that no more could be done for him, and was advised to drink gin-and-water. He left the hospital continuing to experience great suffering. Shortly afterwards and by recommendation he went to St. George's Hospital. Whilst there as an in-patient five surgeons examined him, and he was treated for abscess in the neck of the bladder and prostate. No satisfactory result following he was advised to go to the Wimbledon Convalescent Home but declined to do so.

Treated by
local doctor
also at St.
Peter's
Hospital.

Without
benefit.

No benefit
at St.
George's.

The spray treatment was applied for the first time and special instructions given regarding diet and for improving the general health (an important item in all cases).

The spray
treatment.

On the 19th July, 1876, seven days after the writer first saw him, and after twelve days' treatment by his assistant, he wrote : "I am better ; the pain in the neck of the bladder is not so bad ; the intense pain I had when my bowels were opened is nearly gone." On the 29th July, in further consultation he said (his words being recorded at the time): "I am very much better ; the coldness and pain is substituted by a feeling of warmth and comfort. I get a natural inclination to pass water and pass it without pain. Before I came to you I had a constant desire to pass water, and when I tried to relieve myself I could only pass a few drops at a time, which made me feel as if liquid fire was passing. I can now

Much
improved !

Cured.

sleep seven or eight hours and wake in comfort ; I pass water about five times a day and plenty comes, instead of a few drops every quarter to half-an-hour night and day. Formerly, during the first hour at night, I had to get out of bed about ten times ; during the second hour seven or eight times ; the third hour about six times, but towards the morning I generally got better. When I retired to sleep last night I felt as if I had never had anything the matter with me, and I heartily thanked God I had come to you."

On August 14th he states that for some reason he "is worse ; great pains in the groin, more inconvenience in the fundament, an itching on the right side of the urethra and a burning on the left side." His skin was found to be hôt, his circulation too rapid—he had taken cold. Appropriate remedies were applied, and he gradually improved in health and strength, and ultimately he quite recovered. In a fortnight afterwards he returned to his occupation, which he had not been able to follow for a long time. Satisfactory intelligence was received—his disease never returned. On the 23rd February, 1877, he wrote as follows :—

" Stanwell, near Staines,

" February 22nd, 1877.

Acknowledgment—
"wonderful
cure."

" DEAR SIR,—I write to tell you that I feel quite well, and shall not require any more treatment. I feel better than I have done for the past two-and-a-half years : I consider you have done me more good than all the doctors I have been under. You can make any use of my name you think proper, and I shall be most happy to answer any questions or letters sent to me respecting the wonderful cure you have made of me, after being under many medical men and being in different hospitals. I return my sincere thanks and shall for ever feel grateful to you. I will come up in the course of a week or two, and then I will call and report myself.

" I am, dear sir,

" Your ever grateful patient,

" TO DR. JONES."

" R. C.

As three years had elapsed since the above letter was received, he was written to in the early part of April 1880, and the following reply was received from his sister :—

“ Stanwell,

“ 17th April, 1880.

“ DEAR SIR,—My brother having a bad finger, wishes me to write for him. I am happy to say he is quite well ; Quite well three years afterwards. thank God, he has not had the slightest return or symptoms of his complaint. He wishes me to say that he shall be most happy for you to publish his case or use his name, as he is indebted to you, and you *only*, for his extraordinary cure, and the very good health he now enjoys, and that he can never be sufficiently grateful to you for your successful treatment of him.

“ I remain, dear sir,

“ Yours truly,

“ To DR. JONES.”

“ S. C.

The subjoined is from the copy of a letter handed to the writer by the Rev. Canon C——, who, previously to consulting him for himself, had made inquiries, through a friend, as to the genuineness of the above case, as also of the case of S. H. T. (No. 36).

“ S——— Vicarage,

“ 17th April, 1879.

Inquiries—
testimony of
the vicar of
his parish.

“ DEAR SIR,—I very gladly went this evening to see my parishioner, R. C., respecting the subject of your letter. He told me that it was under Dr. JONES’ treatment that he was cured of his painful disease, and that all the particulars contained in his statement were quite true. He is now perfectly restored to health and strength and daily follows his arduous trade of a blacksmith.

. . Hoping that you may soon obtain benefit and yet awhile be able to return to your people in good health,

“ I am, dear sir,

“ Faithfully yours,

“ The Rev. Canon C——.”

“ R. P. B.

No. 33.

Chronic enlargement of the prostate gland with complications—came to the writer in a dying state—cured.

The Rev. Canon C——, aged 66.

Chronic enlargement of the prostate, with complications.

History of the case.

The above gentleman consulted the writer on the 14th May, 1879. The case is reported just as it was entered in the Case-Book.

1.—Canon C—— states that he has been suffering from urinary inconvenience “off and on for twenty years,” but the trouble did not necessitate medical treatment till ten years ago, when his suffering became more severe. His discomfort increased gradually and from that time he became much worse.

2.—The climax of his present suffering he dates to have occurred on the 1st day of September, 1878, when in Bristol—he had total suppression of urine. An eminent surgeon, Fellow of the Royal College of Surgeons, Mr. C., was sent for, who treated him very successfully for his immediate discomfort by drawing his water from time to time. In five days he gradually regained power to urinate naturally.

3.—He still continued to suffer from inconvenience in his bladder, and was accordingly sounded for stone, twice by his surgeon and once in consultation with a physician at Newcastle-on-Tyne—one who may be said to stand at the head of the medical profession in Sunderland. It was said by this physician that Canon C—— had enlargement of the prostate gland.

4.—Besides his urinary discomfort he suffers from orchitis for a second time—a disease which occasionally troubles patients who suffer from disease or enlargement of the prostate gland.

Distressing symptoms.

His present symptoms are—(1) Constant desire to urinate night and day, but is worse during the night. (2) Constant pain in the urethral canal for about an inch down,—this pain is worse after urinating. (3) The urine is cloudy and mixed with blood and mucus—it adheres to the chamber utensil, and is “thick and ropy, and

difficult to detach,"—it smells offensively and has an ammoniacal odour and an alkaline reaction. (4) He passed in my presence half-an-ounce of urine, which was all he could pass. (The writer drew by catheter eight ounces and a half of foetid urine loaded with mucus and blood). (5) Complains of great discomfort in the rectum, which is as troublesome to him as the bladder is. Treatment was administered.

On the 17th May a second consultation and application of treatment, when he stated, "I am better." On being asked to specify in what way he was relieved he replied—"I have lost the severe burning pain I had when urinating to a great extent, and also the rectum discomfort which was very distressing to me—the blood is also gone." He was asked to urinate—he did so to the amount (by measure) of two ounces—the writer drew by catheter five ounces and a half. Two days previously he could only pass half-an-ounce, and the catheter brought away eight ounces and a half of very offensive urine loaded with blood and mucus. Relief.

May 19th.—The urinary secretion is clearing—the pain is considerably abated—urinated naturally two ounces of water—drew by catheter only four drams (half-an-ounce) of urine—a great contrast with the amount drawn on the 14th of the month.

June 7th.—The patient states: "I am improving. I slept four hours and a half last night without inconvenience—the pain is quite gone. I go in the day-time occasionally from two to three hours without inconvenience—in fact, there is a decided improvement—the pain in the rectum, which used to be very trying, is now quite gone." Urinated naturally two ounces having not long since urinated, drew by catheter two drams. Improvement.

June 15th.—To-day he entered the consulting room with a firm step, and without a stick or umbrella, which had hitherto supported him. He said, "I feel so well that I do not think it necessary to enter your establishment. As far as my feelings go, I feel I am *quite cured*."

"My disease
is said to be
incurable."

I slept without interruption several hours and awoke refreshed, which had not been the case since my illness." He then said—"I hope, Dr. JONES, for the sake of suffering humanity, you will not let your secret die with you. How curious it is that medical men are so incredulous. My disease is said to be incurable. Your enemies are among the Profession."

July 13th.—Continues very much better, but off and on has inconvenience during the night. Examined his urinary secretion, which was normally acid. There is not the slightest trace of cloudiness or albumen in the urine. He empties the bladder naturally and without discomfort—is occasionally inconvenienced with irritability after exertion. Examined him for stone but found none.

Progress.

July 15th.—Looks well in the face. Walks straight, has lost the tendency to stoop and the old-man look which he had when he first came for treatment. He states—"I feel so much better in my general health. My legs used to give way under me, but now I feel firm on my legs. Before I came to you I had given myself up altogether, but now think if I could get rid of the remaining slight inconvenience I might be useful for the remainder of my days. I used to have total inability to urinate, but do so now without any discomfort. The forcing pain I could only compare to labour pain in women. This condition had existed off and on since September, 1878, and without the catheter I could not pass a drop of water. The constant pain in the perineum and rectum has left me for some time. The blood and pus-like matter used to scald me terribly while I urinated. This is now quite gone, and I feel in all respects cured excepting that I pass water a little more frequently than I used to do, which I suppose is not uncommon to persons of my age." The urine is clear, of an acid reaction—has no trace of albumen and has a specific gravity of 1.020. Went back to his family.

Cure.

February 6th, 1880.—Comes to the writer after an absence of ten weeks. There is no return of his painful symptoms, and with the exception of slight frequency of urination thinks himself well.

February 28th, 1880.—Comes to the writer on a visit—stays a night. Examined the prostate, which is considerably reduced in size. The median portion appears quite normal. He states—"I feel quite well, excepting a little feebleness of age, and intend resuming my duties the first Sunday in July, after an absence since the 30th September, 1878 (one year and nine months).

September, 1880.—Comes to report himself on his way to Kent to see a branch of his family. Has been doing duty for two months, which he has continued "without any distress at all." He adds, moreover, "I journeyed yesterday 300 miles without any discomfort, and have to-day ridden in omnibuses without any inconvenience."

The following letter represents his condition at the date it was written:—

"July 8th, 1880.

"DEAR DR. JONES,—I send a few lines which will not impose upon you the trouble of a reply, and which will I think be satisfactory to you. There was a strong feeling here amongst the medical men that no good would result from my London treatment, and that the actual *reduction* of an enlarged prostate is simply an *impossibility*. My own surgeon was in church the first time I preached, to make his observations on my appearance and power. A few days afterwards he called, and expressed his surprise at my healthy looks and power of voice. Some conversation followed on the treatment I had undergone and the gradual abatement and disappearance of my painful symptoms. I told him that if it would be any satisfaction to him he was quite at liberty to examine me and judge for himself. He called for this purpose this morning, and after a careful examination (*per anum*) said that the reduction was wonderful, that the prostate used to project into the rectum "like an

Professiona
incredulity.

Satisfaction

apple," and that now the enlargement is not more than many, if not most, men of my age experience. This testimony of a competent and prejudiced judge, giving an independent opinion, and able to compare my present condition with the past from personal investigation, is very satisfactory to me and will be pleasing to you. And it must be remembered that Mr. M. (the surgeon) had never known me at the worst, for in the four and a half months which intervened between leaving Bishop WEARMOUTH and coming to you, my ailment had no doubt progressed considerably. My own daily experience and to-day's confirmation of my state have given me a fresh consciousness of how much under God's good Providence I owe to your skilful treatment.

"How much I owe to your skilful treatment."

"With kindest regards to Mrs. JONES,

"Very sincerely yours,

"WM. C."

No. 34.

*Disease of the prostate and Bright's disease of the kidneys
—severe suffering—unsuccessfully treated in several
hospitals—rapid cure.*

W. F. L., aged 65, widower.

Diseased
prostate and
Bright's
disease.

October 1st, 1877.—The history of his sufferings dates from the year 1847. In that year he was for eleven weeks an inmate of Guy's Hospital, during which time the catheter had to be used repeatedly, under the influence of ether. On another occasion, some considerable time afterwards, he sought relief in King's College Hospital; but after three months' treatment with catheter and other means, he left without deriving much relief. He remained some time without any treatment, got worse, and went to St. Peter's Hospital, where he was treated by the catheter and other means, with little or no benefit. He now tried a local medical practitioner, who, after a long course of treatment without benefit, recommended him to enter Guy's Hospital again. He complied, and on this occasion was discharged in three

Treatment
at various
hospitals.

weeks much better, but still not free from urinary trouble. Some time after this his disease altered its character and assumed a much more severe form. The patient himself described his suffering as being of "greater poignancy." He had been constantly under medical and surgical treatment for twenty months previously to his consulting the writer, and during which time he had become much worse. The writer's note book records the following:—He has constant desire to pass water night and day, but is much worse during the night. He says, "I used to be in and out of bed continually, until at last I found it useless to try to lie down, and therefore sat in front of the fire wrapped up in blankets the whole night. I have taken so much sleeping medicine to relieve me that I feel perfectly stupid all night. When I am seized with a spasm, the forcing is so severe that I am afraid something will give way in my bladder. The more I force the less the water comes; and I have to wait in agony till the spasm is over. When I pass water I can only get away about a tablespoonful at a time, which is attended with great agony." He further said, "The medicine taken made me so bewildered that I hardly knew whether I was recovering from the effect of the last effort to pass water or from a desire to pass it afresh. I strain so much that I am afraid of forcing my bowel down: there is a sensation as if there was a large motion impacted, but it is not so."

Disease
assumed
severer
form.

In the treatment of his case, the catheter drew urine to the amount of $17\frac{1}{2}$ ounces. The urine was loaded with thick muco-purulent-like discharge—a discharge resembling pus and mucus mixed: it was alkaline and albuminous. On examination of the prostate by the rectum, it was found to be considerably enlarged and hard, the right lobe larger than the left.

The writer's
treatment.

After treatment, and on the 10th October (1877) he stated, "I have been able to go to bed and sleep comfortably ever since I last saw you." On this occasion he urinated naturally three ounces. Drew by catheter

Improve-
ment.

14½ ounces, which was cloudy and thick towards the end. On the 18th he said : “ I have been able to go to bed ever since the second application on the 4th October.” October 22nd, continuing to improve, he said, “ Before I saw you I could not pass more than about a tablespoonful of urine at a time, and that I was constantly called upon to do. On the 17th of this month I was able to pass three ounces of urine the first thing in the morning, four ounces about one o’clock in the day, and seven ounces at five o’clock in the afternoon. Each act was performed naturally, and without straining or other inconvenience.” He had, however, now taken a severe cold which somewhat renewed his suffering. On this occasion (22nd October) he urinated naturally eight ounces much clearer than the last ; no traces of albumen ; the urine slightly acid. Drew by catheter four ounces. November 1st, his cold is well. He says : “ I passed water yesterday at intervals of about five hours, four times, and once in four hours, during the twenty-four hours, without any discomfort. Indeed, there was a grateful feeling of satisfaction after each act, and I passed in quantity as nearly as I could judge from six to seven ounces each time. It is now three weeks and three days since I first saw you. It is truly wonderful the number of good doctors I have consulted ; yet they knew nothing of my disease, or I am sure they would have cured me.” He urinated naturally seven ounces and three-quarters ; drew by catheter only two ounces.

“ Quite well.”

On the 31st January, 1878, he called to report himself, and his language was noted as follows:—“ I am quite well, sir, I keep my water the whole night and sleep like a babe. God bless you ! I shall now begin work again as ship-carpenter. I have done nothing since the 14th May, 1876.” On this occasion he urinated 11¼ ounces of perfectly clear urine. Drew by catheter sixty drops of urine. He appeared perfectly well. The large prostate had gradually reduced in size during the course of treatment, but was still large—slightly larger than normal for a man of his age. The portion of gland

which had encroached on the bladder and occasioned the serious inconvenience was undoubtedly *perfectly cured*. At all events, the patient has not had the *slightest* inconvenience since he was discharged as cured in January, 1878.

On the 7th February, 1878, he called again and said : Testimonial.
 “ I have brought you a testimonial which you can do as you please with. I have got a berth as ship-carpenter in the “ Shannon ” bound for Melbourne, Australia. God be praised for directing my attention to your advertisement and sending me to you. What misery and pain, as well as money, it would have spared me if I had known of you sooner. Good-bye, dear doctor, and may God bless your efforts and prolong your life to open your hospital for the good of others.” The original testimonial alluded to was mislaid. The patient being written to, however, for another, the subjoined letter was received in reply :—

“ Upper Market Street, Woolwich,

“ July 23rd, 1879.

“ DEAR SIR,—I have not kept a copy of the testimonial, but I send you from memory a summary of what I think I wrote. I first applied to Guy’s Hospital in 1847, and was there eleven weeks, during which time the catheter was used under the influence of ether. I then went to King’s College Hospital some considerable time after I was in Guy’s, and was there for three months under the usual treatment by catheter, but did not derive much benefit. I then went to St. Peter’s Hospital for six weeks, where the catheter was also used. I soon got tired and then employed a local doctor, who honestly confessed he could do nothing for me and advised me to go to Guy’s to another surgeon. On this occasion I was an inmate for only three weeks, and derived some little benefit. After a short time the pain returned with greater poignancy, preventing me from going to bed of a night for many months. I applied to you on the 1st of October, 1877, when you withdrew from the bladder 17½

Patient’s
grateful
acknowledg-
ment.

ounces of thick glutinous urine of a most offensive character. From the first application you gave me I steadily got better. I have continued well ever since ; and now, instead of having to *attempt* to pass water every ten minutes in pain indescribable, I only require to do so three or four times a day in perfect ease, scarcely ever being disturbed of a night. I make my case known to all I find similarly suffering, and hope you may be spared many years to assist suffering humanity.

“ I am, dear Sir, with grateful thanks,

“ W. F. L.”

“ P.S.—The names of the medical gentlemen that attended me are as follows :—[*Here follow the names.*]”

Up to the end of September, 1881, the above patient continued quite well.

No. 35.

Chronic and obscure disease of the bladder which had long resisted allopathic treatment from the faculty at Leeds, and homœopathic treatment.

J. H. (Leeds), aged 42, married.

Obscure
bladder
disease.

Severe
symptoms—
tried several
doctors.

In October, 1874, unfavourable symptoms appeared, which, increasing, became very severe. His family doctor said he was suffering from irritable bladder. Medicine doing him very little good, he became impatient, and consulted another doctor, who attributed his disease “ as much to indigestion as to his bladder,” and promised him “ speedy relief.” At this time he suffered acute pain—could not urinate at all for considerable intervals, the desire being, nevertheless, very pressing ; had also pain in the lower part of the abdomen ; treated for four months without relief ; now sounded for stone but none found. In one of his letters to the writer the patient says :—“ The doctor was as much disappointed as I was, and glad, I believe, to get rid of me, as I constantly had to tell him I was no better.”

J. H. now consulted a herbalist of some reputation, who told him that he had had "great experience in bladder diseases, and had as many as thirty patients suffering from the disease then under his treatment." This raised the patient's hopes. He took "herb medicine for six weeks," but without the slightest relief. Two other medical practitioners at Leeds were now resorted to. One said his disease was "chronic inflammation of the bladder, which was very difficult and troublesome to cure," and treated the case for several weeks, but without benefiting the patient. The other told him his disease was "gravel," adding, "I will soon cure you." J. H. says :—"I carried out his injunctions most faithfully and took all the medicine he gave me without the slightest relief."

Gradually getting worse, and more and more disheartened, he consulted a homœopathic physician in Leeds, who carefully noted all his symptoms and told him, "Your disease has been coming on so long that I do not think I can remove it, but I will do my best." The patient was six weeks under homœopathic treatment without any relief.

No relief.

Homœopathic treatment, without result.

J. H., speaking of the homœopathic treatment, says :—"I was in hopes that the *new* system was an improvement on the old, but I was grievously disappointed. At this period I was much worse, which, to me, was a serious matter. I could do little or no work and had a wife and family to keep." Seeing, about this time, in the *Leeds Mercury*, an advertisement of one of the writer's books on "Diseases of the Bladder Cured by a New Discovery," he obtained the book, and found cases reported in it resembling his own, and thereupon decided to try what the "spray" treatment would do for him, feeling, as he said, that "it had, at all events, common sense to recommend it, the medicines being conveyed *direct* to the diseased part." He came to London and consulted the writer in June, 1875; the Spray treatment was applied (though not, of course, exclusively as

The writer's spray treatment.

Cured in
nine weeks.

a specific, as the patient's expression might imply), and in nine weeks he was perfectly cured.

Sixteen
years after
was still
well.

J. H. has continued well up to 1890. In a letter dated March 8th, 1890, he writes:—"It is over sixteen years since I returned to Leeds cured of my painful malady, that had resisted the treatment of eminent allopathic and homœopathic doctors. Since then I have passed through great trouble. Nevertheless, my health has kept well, excepting an attack of colic, and inflammation in my throat. I have had no return of my bladder disease since I left your care. I know, too, of your superior skill in other cases also. Two of these patients whom you cured of stone in the bladder *without cutting* are now spreading your fame and deservedly so. Should any one require confirmation of my statement I shall be pleased to give it for the sake of suffering humanity, and also to testify that I am very grateful to you for the marvellous cure wrought in my own case.—I am, my dear doctor, yours very sincerely, J. H."

No. 36.

Paralysis of the bladder pronounced incurable—yielded to the Spray treatment.

S. H. T., aged 35, single.

Paralysis of
the bladder.

In this case the patient consulted the writer on the 5th of August, 1878. He stated that his general health had been good from childhood.

Travel by
rail.

On Whit Monday, 1876, he excursed by train to Liverpool. On the return journey he felt an urgent desire to urinate. No opportunity, however, presented itself, and the discomfort painfully increased. On the train reaching Wrexham he endeavoured to obtain relief, but while urinating he heard the slamming of doors and the railway whistle, and to regain the train hurried back. The train continued its course for six hours, and no opportunity presented itself until he reached his destination, when the bladder would not respond. He went to

bed in great trouble of mind, and with considerable physical suffering in the region of the bladder. Next morning he consulted his club doctor, and took medicine for some time, with but little relief. He further described his suffering thus:—"Constant desire to urinate—could only pass a few drops at short intervals—constant burning pain increasing in severity—after a time desire still more urgent, the period between the desire and the act becoming longer."

Severe symptoms.

He now sought further medical aid, resorting from time to time to no less than ten physicians and surgeons, the most notable in Birmingham. Getting worse, however, rather than better, he applied to the Birmingham Free Hospital, but with no better result—being told there that his case was incurable.

Private and hospital treatment alike ineffectual.

Allopathic treatment proving ineffectual, he became an inmate of the Birmingham Homœopathic Hospital, and was there two months, and though every attention was paid to his case scarcely any relief was afforded. Medicine failing, galvanism was applied night and morning, but with no decided benefit, and he was accordingly discharged as suffering from "paralysis of the spinal cord and bladder," and "incurable." Again, however, resorting to the Birmingham Free Hospital, the surgeon told him that medicine was useless, and gave him a catheter to use, without which he only urinated "in dribbles." An operation was likewise performed on the urinary meatus, which relieved him partially for eight or nine days, but he soon relapsed into a "helpless, miserable condition."

Homœopathy—galvanism.

Discharged "incurable."

When the writer first saw him (August 5th, 1878) he complained of pain in his back; had an unsteady gait; said his legs did not respond to his will, and that he had to be very careful in turning suddenly, lest he should fall; his urine "dribbled from him occasionally; had difficulty in starting his urine," and he added, "I have a constant desire upon me, but I have no power. I have often had to try for three-quarters of an hour at a time before I could pass any water, and when it comes it does

Consulted the writer.

The spray

so only in drops." The writer drew by catheter twenty ounces of urine, which was cloudy, very ammoniacal and offensive; administered a "spray" and requested him to call every other day, and to continue the use of the catheter.

Easier."

August 7th.—He said: "I am better, sir; I am a great deal easier. I have not such a miserable and constant desire to pass water, and when I have a desire I pass it naturally, which is a great comfort to me. I have on that account not used the catheter." Drew by catheter two ounces and five drams—a great contrast compared with twenty ounces only two days previously.

August 11th.—He stated, "I have passed water naturally several times a day since I saw you."

August 14th.—"I am better, I retain my water longer. I have lost the false attempt to pass water to a great extent."

August 17th.—Urinated naturally in the presence of the writer to the amount of eleven ounces and a half; drew by catheter only half-an-ounce.

Nearly cured.

The reader will note that up to this time the patient had made considerable progress, which so satisfied him that he left London nearly cured. The writer saw nothing of the patient afterwards for nearly five months.

Returned to finish the cure.

On the 6th of January, 1879, he again presented himself. He said that he had been much better since his last visit in the middle of August, 1878—"better in every respect." He could pass water with perfect ease, and had not used the catheter since he left London in August, 1878. "Your treatment," he added, "is the only thing that did me any good, but I fluctuate a little, and I have come this time to let you finish curing me. My greatest trouble is the back and limbs. I have to be careful in walking—I stagger, and without care I should be down. I am weak-like in myself, and feel tremulous on the least exertion. I have no spring in me, but as far as regards my bladder, it is wonderful; still, it takes me a few minutes to start it, but it comes, and in a good stream. Before I came to you it was just a dribble; in

fact, it was endless unless I used the catheter, which I always did." The writer drew by catheter two ounces of urine which had an acid reaction; it was clear but of a somewhat pale colour—heat made it cloudy. The addition of nitric acid cleared it, showing the presence of phosphates. Gave him a "spray" and told him to call three times a week.

January 9th, 1879.—He steps into the writer's consulting room with a happy countenance, and says: Progress.
 "Your treatment is continuing to act. Yesterday was the best day I have had since I have been ill. I went for three hours without urinating, and when I did so it was quite natural. I only went twice last night." When told to urinate he said, "Ah, that is where I am fixed, you must wait a bit; it is not long since I passed water." He urinated, however, one ounce, and on introducing the catheter about two drams were drawn.

January 11th.—He came again and said: "I am decidedly better, your treatment is doing its work well. I experience a degree of pleasure in life that I have not done since I have been ill. I passed water only twice last night, and did it like a man, in a natural quantity. When I first came to you I was always at it every hour if you remember, and in perfect misery—never satisfied. The desire was always on me, without any satisfaction; it used to cling to me and never leave me. I have made more progress *this* time than last."

January 15th.—He quite emptied his bladder—not a drop left. Has not used the catheter.

January 20th.—Has continued to improve. Emptied his bladder naturally and thoroughly without any discomfort.

January 29th.—He wishes to know whether he may go home, saying, "I feel quite well, doctor. I have no pain or uneasiness of any kind. I pass water like other people three and four times a day, and once at night, which to me, doctor, is a great consolation."

Quite cured
—perfectly
satisfied.

February 8th.—Came for the last time. He is quite cured—empties his bladder, being able to urinate freely and fully.

The patient went home perfectly satisfied, and so continued, as the following correspondence will show :—

“Hawthorne Street,

“West Smethwick, Staffordshire,

“10th March, 1879.

“DEAR SIR,—After being at home three weeks, I feel very pleased to inform you that I am getting on very nicely ; and I believe that before long I shall be able to get work. I am feeling some pleasure in life again, for I can venture anywhere now without fear or inconvenience. In fact, I have no pain at all in the region of the bladder. All that I can complain of now is feeling a weakness in the back. I have felt considerable pain at times just below the loins, and I have scarcely got my old strength in my legs, but still I can do wonders in the way of locomotion to what I could previous to being under your care. A great number of people have expressed astonishment to see me go about with the old speed and spring. I cannot express the gratitude I feel to you, sir, for the wonderful difference you have made in me. I can only thank you, but shall always consider you my benefactor and the saviour of my life. With fervent thanks and sincere regards,

Gratitude.

“I am, sir, yours truly,

“S. H. T——.

“TO DR. JONES.”

“A living
witness.”

On the 9th June, 1879, he writes :—“You have my consent to publish my case in any form you think proper. I am quite well, and a living witness to the success of your treatment, when neither allopathic or homœopathic treatment was of any avail.”

In a further letter dated 14th December, 1879, the patient verifies the accuracy of the foregoing statement of his case (a copy of which had been sent him for

perusal), and mentions that he is in suitable employment, and has "felt better in every way since he commenced," experiencing occasionally a "slight weakness" but "no pain or inconvenience from the bladder."

The subjoined letter authenticates the above. The copy of it was handed to the writer by the gentleman who had received the letter from his son-in-law, as the result of enquiries made by him in reference to the case :

"26th April, 1879.

"MY DEAR FATHER,—I have just returned from seeing T——. The vicar of —— had not returned from Leamington. It was not, however, of importance, as T—— has long been connected with the Rev. E. A——'s congregation as a member of the choir. It was Mr. A—— who helped to send him to London. T—— showed me a list of subscribers to the fund to send him to London. He is a very intelligent man, aged thirty-seven. His disease arose from too long retention of urine while on a rail journey. His symptoms were very like yours. The letter to Dr. JONES is genuine. He is quite in his old usual state as respects his bladder, and says he is gradually gaining strength. He looks very well. He is told that what he is now suffering from, and that slightly, is connected with the spine. His description of his painful feelings, in trying to make water, is much like what you have told me of yourself, only he says he never discovered any appearance of blood; but that may be accounted for by the fact that he used to sit in the water-closet for an hour at a time, the water just coming in drops. He described the sensation of ease after the first operation as something delightful. He says the operation did not give him much pain. He strongly advises your going immediately to Dr. JONES, and I would do the same. By delays you are only risking the desired-for success of the treatment, and continuing your pain."

Further
authentic-
ation.

A similar
case.

S. H. T. continues well up to the present time (May, 1890).

No. 37.

Disease of the bladder, with enlarged prostate—catheter wholly discontinued after having been used for upwards of two years—perfectly restored.

S. M., aged 66, gardener.

Bladder disease, with enlarged prostate.

This patient consulted the writer on the 7th November, 1877. He had been ill for more than two years, his urinary discomfort having commenced with more frequent desire to urinate than usual, ultimately, however, so increasing as seriously to affect his occupation during the day as well as his rest at night. He said:—"My urine became hot—it cut me like a knife—it got thick like glue. The doctor relieved me with instruments, for a time, but my disease getting the upper hand he sent me to Guy's Hospital, where I attended every fortnight for two years, and was there taught to use the catheter, which I have done regularly ever since."

Symptoms.

Hospital treatment—two years—unavailing.

The writer's treatment—the spray.

An examination revealed an enlarged prostate—urine highly alkaline and loaded with mucus—the aperture of the urethra very inflamed and swollen. The writer drew by catheter twelve ounces of thick ammoniacal fluid, administered spray treatment two or three times a week, and advised disuse of the catheter. Each time the patient came he reported himself better.

Much improved in a month.

On the 5th December (just one month from the time when first seen) he stated:—"I think I am well, sir. How pleased I am that I heard of you. Just think of the length of time I have been to and fro to the Hospital. I now only pass water three or four times a day, have no pain, and my water is quite clear." Residuary urine found to be not quite two ounces, and normally acid. The spray treatment again applied at intervals for a fortnight, then discontinued.

"Quite well."

On the 12th of June, 1878, S. M. called on the writer and said: "I am quite well, have no urinary trouble of any kind, and am quite free from pain." Drew, however, an ounce of residuary urine, normally acid. No further treatment recommended.

On the 7th June, 1882, the writer again saw S. M., who then said: "I have been perfectly well since you cured me in 1877, but my poor master is dead. It is curious, sir, that (as far as I could learn) he died of a similar complaint to that I suffered from myself. I had told the butler that master knew how bad I was and that Dr. JONES had cured me. Some London physicians were, however, sent for, but unfortunately did him no good." He added: "I met my old doctor three months back; he asked me if I still used the catheter. I said No, and that I should have died had it not been for Dr. JONES."

"Had died!
but for Dr.
Jones."

On being questioned, S. M. assured the writer that he was as well and as free from pain as he had ever been in his life, and that he had not suffered any urinary discomfort since he left off treatment—more than four-and-a-half years ago—nor had he again used any catheter. On examination *per anum* the prostate was found still large, but there was no tenderness on pressure. On being asked if he had any rectum discomfort, he replied that the uneasiness there was cured when the bladder was. This patient expressed his willingness to have his case published and to answer any questions any enquirer might wish to put in reference to it. He has been gardener in the employ of the same family for more than thirty-five years, his present employer being a clergyman, son of his late master, and who now resides in the same house.

No. 38.

Paralysis of the lower extremities, extending to the bladder—The patient was four years in bed and on a couch, and seven years on crutches—cured in six weeks.

C. B. D., Esq.

Consulted the writer on June 14th, 1883, and made the following statement:—

Paralysis-
involving
bladder.

" I have been reading your book, and came across the case of Miss MUNNS (Case No. 63), which, after resisting the treatment of eminent physicians and surgeons in England, France, Germany, and Russia, was most successfully treated and cured by you in a very short time. The patient was an old friend of my mother, and as I had frequently heard of the wonderful cure you effected in her case, I have been induced to place myself in your hands. I am suffering from a most painful and intractable disease of my bladder, that no one I have as yet seen appears to understand. Every medical man I have seen says it is due to paralysis; I have no peace day or night; the slightest relief would indeed be a mercy. Eleven years ago I met with a railway accident at Kirtlebridge, owing to the London express running into a goods train. I was picked up insensible; many others were seriously injured, and several killed. I was taken to my father-in-law's house where I lay insensible for six weeks, not being expected to live from day to day. I pulled through, however, and regained consciousness, but was helplessly confined to bed for two years, and for another two years I was compelled to recline on a couch. From that time to this, my only means of locomotion have been a wheel chair and crutches. I am now reduced to an utter state of helplessness and hopelessness; worn out in mind and body and unable to perform any work, either mental or physical."

Due to
railway
accident.

Eleven
years bed,
couch, and
crutches.

" Helpless
and
hopeless."

Perfectly
restored.

After having been restored to perfect health, the patient volunteered the following statement of his case :—

" July 28th, 1883.

" MY DEAR SIR,—Though naturally unwilling to thrust my case before the public, yet such has been the wonderful cure effected by you, that I feel sure in sending you the following rough outline of the last eleven years of my life, to make what use of it you please, I am thereby rendering a service to my fellow creatures.

Should anyone require confirmation of the following facts, refer them to me.

“ Yours gratefully,

“ DR. DAVID JONES.”

“ C. B. D.

“ On October 2nd, 1872, I met with a railway accident at Kirtlebridge, Dumfriesshire, and received concussion of the brain, injury to the spine, and other severe injuries, and can remember nothing for the first six weeks after the accident; in fact, was in a state of delirium; my head was relieved by blisters, and the water kept from rising on the brain by salivation. In January, 1873, paralysis began to show itself in the left leg, and continued creeping up the left side, until in three months afterwards, it had reached the head, rendering me not only insensible to touch, but powerless and incapable of moving either leg or arm; my eyesight and mouth were also greatly affected. I remained in this state for eighteen months, when the paralysis greatly abated, leaving me more or less paralysed until June 14th, 1883, at which date I placed myself under your treatment. From October, 1872, till the spring of 1874, I was never out of bed, and was then moved on to an Ilkley couch and slightly raised, and in April, 1874, was for the first time carried out of doors on the couch.

Patient's
statement.

Details of
case.

Extention of
paralysis.

“ In July, 1874, was conveyed on the same couch to the seaside, where I began to show signs of renewed vitality; was wheeled out every day on my couch, and from July till December, 1874, almost lived in the open air, the paralysis decreasing.

“ In January, 1875, was able to use my hand a little, though unless I watched its movement I had no power over it. In June, 1875, I began to use a wheel chair, which did me good, as it made me use my hand. I continued in this chair till November, 1876, when I first used crutches, which I kept in constant use, in fact, was unable to move without them, up till July 4th, 1883, when under your treatment I was able to dispense with.

them, and am now, July 28th, 1883, not only able to walk without them, but am in every way feeling, though weak, thoroughly well.

Bladder
troubles.

“When first brought home in 1872, I not only vomited, but for some time passed blood, the lower organs being much crushed, and great difficulty was experienced in relieving the bladder. This gradually disappeared until June, 1875, when, as I attributed to the change in my position from a lying to a sitting posture, the stream perceptibly decreased. I had pain and great inconvenience in passing urine, and at times could not empty the bladder at all except by catheter; the pain became very great; intense throbbing in the region of the prostate and indescribable burning, stinging pain in the lower parts, with cutting sharp pain at the extremity of the penis; the stomach was distended, and there was a bearing down and a deathly coldness over the region of the bladder. Constant desire to urinate and passing small quantities full of mucus and at times tinged with blood, which was believed to be caused by abscess in the region of the kidneys, where I had constant pain, and great outward swelling and discolouration in the lumbar region. This continued till June, 1880: I gradually improved, but unfortunately strained myself, and immediately the old pain returned in the region of the bladder; retention of the urine set in, and for about forty-eight hours I passed none, but at last was relieved after using hot fomentations. The discharge from that date till May, 1881, was turbid, full of mucus and with constant specks of blood. I then took a sea voyage, after which I gradually recovered until April, 1882: was freer from pain though constantly passing water with extreme pain and forcing, but was never able to empty the bladder.

Sea voyage.

“During the summer of 1882, I felt much better, and was able to get about on my crutches, though still troubled with a constant desire to pass water. In October, 1882, I caught a chill which developed in the course of a few days into a rigor, which lasted for some

hours, when fever set in, and for twenty-one days, the thermometer indicated my temperature at from 103° to 105° : was entirely bedridden until the end of May, 1883, during which time I suffered from a succession of rigors with fever. I was then advised to seek a warmer climate as my only chance of recovery. I came from Glasgow to London on May 25th, suffering fearfully during the journey, and until June 14th was gradually getting worse; on that day I placed myself under your care: I was then in a state of great exhaustion, passing small quantities of urine at intervals of about ten minutes day and night, and utterly miserable. Within a week, under your treatment, I was in comparative ease, and am now after six weeks under your care, what I had never dared to hope for; free of pain, sleeping from 10 at night till 7 in the morning, able to walk two miles without my crutches, and my functions are regular and comfortable in every way. I leave to you the description of your treatment of me; all that I can say is you have in my case effected a wonderful cure.

Change of climate, without effect.

Consulted the writer.

Cured in six weeks.

“The following medical men can attest to my statement, but should you feel inclined to print my case, would you please withhold their names, as I am giving them to you as a private reference, should any patient require further confirmation. My age at time of accident was 31. Dr. A. H., Glasgow, was my constant medical attendant, and I feel that to his care I owe my life—he attended me day and night for twelve months.

The medical men who can attest the statement.

“Dr. R. S. O., Glasgow, saw me almost daily for months.

“Professor J. L., of London, was called in by Drs. R. S. O. and R. T., for consultation.

“Professor G., Glasgow, and Professor G. B., Glasgow, saw me on account of the railway company.

“Dr. R. C. and Dr. W., of Skelmorlie, Ayrshire, have attended me at various times.

"I refer you also to Dr. E. B., of Bath; Dr. C., Cologne; Dr. S. and Dr. F., of Cologne, held a consultation on my case in 1879.

"Dr. M., of Blackheath, also Dr. H., of Bromley, Kent, are conversant with my case.

"C. B. D., of Everlie,

"Skelmorlie,

"Ayrshire, N.B."

At the present date (February, 1888), C. B. D. continues in perfect health.

No. 39.

Case resembling stone in the bladder—was turned out of two hospitals as "incurable," and was ill for four years without relief until cured by the writer.

S. P.

Case
resembling
stone.

Due to pro-
longed
immersion.

Painful
attacks.

The patient attributed his illness to having been immersed up to his middle in water for ten hours off Deal in the lifeboat "Vankrook," on November 6th, 1887, when twenty-five lives were saved: fourteen days afterwards, and just a week after his marriage, he noticed a large quantity of blood pass from his bladder and bowels. He consulted Dr. H., of Deal, but soon afterwards had violent straining to pass water, "as though molten lead was passing" through him: these attacks, which were attended by a discharge of blood, came on every ten or fifteen minutes, and continued uninterruptedly until January, 1878. He was under treatment the whole time, but experienced no relief except from morphia suppositories, warm baths and other palliative remedies. He continued in this condition until April of the same year, getting gradually worn out for want of rest. As the weather got warmer he was advised to go out of doors, but the irritation and hæmorrhage became so severe that he was glad to get to bed again. Towards the end of April he mended slightly, and was able to undertake a journey to

Watford, where he had obtained employment. He laboured at his work until August, when all his former symptoms returned with renewed violence: blood passed in large quantities, as well as white flaky matter which gave intense pain until it was passed. Dr. I., of Watford, treated him for some time, but his legs began to swell and his bodily health got worse. He was then examined for stone unsuccessfully, and entered Hemel Hempstead Infirmary on November 7th, 1878, where he remained until March 13th, 1879. He was kept on milk diet for five weeks, and took medicine the whole time without any benefit. He was again examined for stone by five surgeons, but none was found, and he was discharged as "incurable." He now went under Dr. I.'s treatment again for thirteen months. He got no better, however, and in despair came up to London on December 11th. He was obliged to wear a urinal continually, as the urine was constantly running away from him. He had intense pain extending from the front to the back passage, involving the whole of the genitals. He was equally as bad at night, being obliged to get out of bed every few minutes and then passing only a few drops in great pain. A friend advised him to consult Dr. S., of City Road, and he was under that gentleman's care for some time. Experiencing no relief, he went to University College Hospital, where he was examined by Mr. B. and ultimately sent to Mr. C. H.'s ward (ward 1, bed 7). He was there for twenty-six days, during which time he states his sufferings were "indescribable"; leeches and hot fomentations were applied, and medicines administered, but nothing did him any good. Morphia suppositories were used and seemed to dull the pain, but when their effect had passed off he suffered more than ever. Mr. C. H., finding he got no better, sounded him for stone under ether, but found none, and he was then sent to the "Convalescent Home" at Walton-on-the-Naze, where he remained for a month, gradually getting worse the whole time. From there he returned to University

Local practitioners unavailing.

In Hemel Hempstead Infirmary without benefit.

Discharged, "incurable."

University College Hospital—active treatment unsuccessful.

At Convalescent Home, worse.

"Nothing more could be done."

College Hospital, where Mr. C. H. again saw him and said nothing more could be done for him.

Saw the writer—
patient's
condition—
sufferings.

He then came to see the writer at the "Home Hospital." A reference to the case book shows a similar history to that already detailed, but of a more aggravated character, clearly showing that he was getting worse. The first entry was made on April 3rd, 1881. His appearance was that of a man suffering from great physical pain; he supported himself with his hand upon a chair, his body being bent. When asked to sit down he said, "I cannot sit down without great pain in my back passage and crutch, as though I was sitting on a knife; movement of any kind gives me terrible torture; I am no better when in bed, but am obliged to pass water from thirty to forty times every night."

A Spray.

On urinating, large clots of blood and muco-pus were passed with great pain, and on introducing a catheter, three-quarters of an ounce of fluid was drawn off which he was unable to pass naturally. A spray was administered, and on April 10th he paid a second visit. After passing water he remarked, "Look here, sir, my water is much clearer: it has not been so clear since I have been ill: it has usually been so thick with blood and matter that a spoon would stand up in it."

"New life."

April 30th, he stated—"I have not had such a day for a long while: I have had no pain all day: it is quite a new life to me."

May 11th, he reported—"I am much better: there is no sediment whatever in my water even after it has stood all night. I shall soon be able to go to work, I think. I pass my water naturally instead of it running away from me against my will. When I want to urinate I can hold my water for a quarter of an hour, and I only want to pass it now about every hour during the day. I went from 8 o'clock last night until 1 this morning with perfect ease. I get better every time I come to see you."

From May 11th to 28th, he fluctuated a little: sometimes better, sometimes worse.

On the latter date he stated—"I am so much better, I think I can go to work if you will give me a certificate to declare off my club." He also added "Surely, sir, all those doctors that I have seen could not have understood my case, or they would have cured me as you have done: I am truly thankful to you. When I was in University College Hospital under Mr. C. H. I used to feel as if there was a needle stuck in the neck of the bladder. I lost 28lbs. in weight while in the Hospital. When I came out I could not stand without help, but I can now stand upright and walk with a firm step. I have left off my urinal a long while ago, but still put it on if I have to go far from home."

Much better
—"can go to
work."

June 8th, he said—"I have been to work for some time now, and have stood it well."

He went regularly to work from 6 in the morning till 9 at night, and did it comfortably. He had to get up at night three or four times, but he passed a good stream and had no pain.

Up to November 23rd, he continued to improve in health and local condition, although during that time he had very occasional treatment. He stated on the latter date, that he had no discomfort of any kind excepting that he had to urinate rather oftener than other people. He was then advised to leave off treatment, and to call before Christmas and have more treatment, if the frequency of urination still continued.

Further
improve-
ment.

December 17th, he called, and as the frequency of urination was not quite natural, another spray was administered.

Another
spray.

December 21st,—The treatment was quite effectual: he was only obliged to urinate once at night, and three or four times during the day. He added, "I am now, thank God and you, restored to perfect health after four years of continual suffering. No one could have tried harder than I did to get well, but the doctors I went to were quite incapable of affording me the slightest relief.

Thank heaven I ever heard of your name. You have done for me in a few months what others could not do in four years."

"Quite well."

February 5th, 1882, he came again and reported himself "quite well."

April 22nd, he stated—"I continue perfectly well. Everyone who knew how ill I was, is astonished to see me move about like my former self. I have picked up flesh wonderfully, and can do any amount of work without fatigue or discomfort."

In answer to a letter sent to him in February, 1884, he sent the following reply—

"February 27th.—I have been perfectly well ever since: I have nothing to say save that I have kept in perfect health ever since you cured me three years ago."

In reply to a letter inquiring after his health, the following answer was received—

"25, Drapper Road, Bermondsey,

"April 19th, 1886.

Still well ten years after.

"It is with pleasure I write to say I am quite well. I have not required any treatment since you discharged me cured.

"I have been in the employ of Messrs. Pattenden & Hicks, of 230, Bermondsey Street, since June, 1881, and have not lost a day's work the whole time.

"I am, yours gratefully,

"STEPHEN PARKER."

No. 40.

*Chronic disease of the bladder commencing in childhood, and resisting every treatment except the writer's—
cured in a month.*

T. D., aged 30.

"39, Swinton Street, King's Cross Road,

"March 2nd, 1882.

Chronic bladder disease from childhood.

"When six or seven years old, I recollect my father calling to ask my schoolmaster to let me leave the classroom whenever necessary, in order to avoid wetting my clothes,

as I was obliged to pass water very frequently. About three years afterwards I passed blood with my water, and continued to do so on and off until I was fourteen years old, when the blood became more profuse, and I was taken to Dr. G., of Holborn. At this time pain set in, and my water began to pass involuntarily. I remained in this wretched state until I was twenty-one years of age, when the pain grew more severe and my water got cloudy and contained clots of blood and matter, and was so thick that it stuck to the chamber utensil. Finding I was getting worse, I went to St. Peter's Hospital, and saw Mr. T. There I got weaker and more depressed through loss of blood and the effects of instruments, so I again went to my former medical man, Dr. G., who sent me to Dr. J., of Harley Street, and he in turn sent me to the Great Northern Hospital, where I was examined for stone unsuccessfully, and was transferred to the physician, Dr. C. After remaining in the Hospital for some weeks, I was discharged and told I should suffer in the same way again, as my case was a very peculiar and unyielding one. I tried to work, and struggled on as well as I could, but I had soon to give up, and declare on my club, and was under Dr. B., of Claremont Square, for six weeks. He relieved me slightly, but the constant desire to urinate got so troublesome and the pain so severe, that I did not know what to do. Riding in omnibuses or walking over rough places made me sweat with pain. It took me an hour to walk a mile: I had to pass water four times an hour, accompanied by the most awful scalding pain in the canal and crutch. I had to force so violently and constantly that the lower bowel came quite down. There was constant pain night and day, and the fact that I was almost always dirty, and consequently disgusting to those around me, nearly drove me mad. I have hobbled up and down my bedroom day and night, until, worn out with pain and exhaustion, I have prayed that death might relieve me from my sufferings. I could not go out without assistance, and when I was out of doors my whole time was taken up in looking for urinals.

Water passed involuntarily with blood—severer symptoms on reaching manhood.

Private and hospital treatment alike unsuccessful.

Sufferings increased.

This cruel state of things continued until March 6th, 1882, when I saw an advertisement of the 'Home-Hospital,' and there I went with but the slightest hope.

Consulted
the writer.

" Dr. DAVID JONES was most kind and gentle with me.

Speedy
relief from
Spray treat-
ment.

A friend accompanied me to render me all the help he could. It took me three hours and a half to reach home after my first visit. I was better next day, and can truly say that Dr. JONES' *spray* treatment was the only remedy that gave me speedy relief. After a week's treatment I could walk home in three-quarters of an hour: within a month I attended a place of amusement and remained two hours and a half without any desire to leave my seat; the first time I had done such a thing for years. In fact, I am now able to enjoy life, and am better in mind and body than I ever remember being. I used to spend my nights groaning with pain, but after four weeks of Dr. JONES' treatment, I can go to bed and sleep soundly, and awake refreshed. I can also walk about actively and without pain, and can retain my water without trouble or inconvenience. In fact, my improved condition is a surprise to everyone."

Improved
condition.

The foregoing statement is a curtailed account of a very long history, which was written voluntarily by the patient himself, as he was about leaving London in search of employment. He promised to write if he had any return of the old symptoms. He said, moreover, " You know, doctor, I am *sure* to do so, as you are the only doctor who ever did me any real good, and that in the short space of one month, whereas others had failed to give me relief in years."

Presumably,
finally
cured.

It is now eight years since the above was written, and as the patient has left the lodgings he then occupied, and has omitted in the meantime to forward any account of himself, it is impossible to say how the case progressed. In the absence of contrary evidence, however, it is only fair to assume that he continued in the same satisfactory condition as he was when he left the author's care.

*Obscure disease of the bladder mistaken and treated for
"stone in the bladder."*

T. N., aged 36, married.

Consulted the writer on October 28th, 1882. The notes recorded at the time were as follows :—

Obscure
bladder
disease
mistaken for
stone.

1. "I have suffered since June, 1880, from what my doctors have thought was stone in the bladder. Nothing I have taken has done me any good: I have had excruciating pain in the abdomen accompanied by a frequent desire to pass water, which has gradually become worse until the present time, when I am obliged to pass water ten or twelve times an hour, with a discharge of blood and slimy matter."

2. "As far back as fourteen years I had discomfort in my penis, and was under treatment for stricture in the Royal Free Hospital for two years."

Treated at
the Royal
Free
Hospital
without
effect.

3. "I am worse after exertion, and suffer mostly just as I have finished passing water."

4. "I have occasionally severer attacks than usual, and the blood and slimy matter are even more profuse."

"I have been attended by several doctors in London, including some from St. Bartholomew's Hospital, for nearly two years, and they have all treated me either for stone in the bladder or stricture, but I have been gradually getting worse."

Also at St.
Bartholo-
mew's.

Gradually
got worse.

An examination of the urinary secretion showed it to be highly alkaline and loaded with phosphates.

Spray treatment was administered twice a week, and on November 8th, the patient said—

Spray treat-
ment—in a
fortnight
much better.

"I am very much better: I have got better every time I have seen you: instead of passing water ten and twelve times an hour as I used to, I have to-day only passed it four times during the whole day, and without any pain: my urine, too, is getting quite clear."

In the following month a cure was effected, as the subjoined letter, received from the patient shortly afterwards, will testify :—

Cure.

Acknowledgment.

“ February 2nd, 1883.

“ DEAR DR. JONES,—It gives me great pleasure to write and tell you that I feel quite well, and that you have indeed cured me as you promised to. I feel that I ought to tell you as much about my late illness as I possibly can. In the first place, then, in June, 1880, I experienced most excruciating pain in the abdomen, as well as a frequent desire to pass water—ten or twelve times an hour—which was loaded with blood and slimy matter. After attending several doctors in London, among whom were some from St. Bartholomew’s Hospital, for two years, all of whom treated me for stone in the bladder or stricture, I found I was getting worse instead of better, and this made my life miserable. I became more despondent and wretched, when, happily, a friend showed me your advertisement in the “ Weekly Dispatch ” and advised me to go and see you. I am thankful I took his advice, for I find I am quite an altered man; in fact, I can safely say I am quite cured, for which I cannot find words to sufficiently thank you, or for your kindness and attention during the whole time I was under your care. I shall not fail to recommend you to every one who I hear is a sufferer from bladder disease. I shall be pleased to see or write to anyone you may wish to refer to me.

“ I remain,

“ Yours gratefully,

“ T. N.”

No. 42.

*Disease of the prostate gland regarded incurable—cured
in seven weeks.*

C. W., Esq. (Member of the Society of Friends),
Garstang, Lancashire, aged 68, married.

Diseased
prostate
pronounced
“incurable.”

Consulted the writer on October 19th, 1881, and made the following statement :—“ I have been treated by

several medical men without any relief for about twelve months. I have tried the various remedies they have prescribed, and have also washed out my bladder with different solutions, but I get worse instead of better. I have to urinate about eighteen times day and night in great misery, the urine being loaded with mucus. All the doctors I have consulted tell me my case is incurable, and that nothing more can be done for me. I have read your book, in which I see you differ from high authorities who have written on the subject, and I have read the book of one celebrated surgeon, Sir —, who seems to agree with all that my doctors have told me, and as you hold out hopes of cure, I am desirous of giving your system a trial."

Treated by
several
medical men
without
avail.

Distress in
symptoms.

On examination, his case was found to be one of enlarged prostate, accompanied by severe cystitis, common in these cases; the urine was highly alkaline and ammoniacal, the residuary urine being a little over six ounces. Under treatment the symptoms gradually but surely gave way; the enlarged gland was reduced in size; the urine became clear, and naturally acid in reaction, and the patient was soon able to thoroughly empty his bladder. He began to enjoy his food, and gain flesh and strength, and has had no return of his disease, as the following letters will show.

The writer's
treatment.

Improve-
ment.

"Garstang,

"January 4th, 1883.

"MY DEAR DR. JONES,—I must not any longer delay thanking you for your gift of fifth edition of your book, which is very acceptable to me, also for your very kind note to hand on the same morning, and your continued kind interest in my welfare and that of my wife. I am thankful to be able to give a good report; I have enjoyed uninterrupted good health during the past year, having had no return of the trouble you were the means of removing, but on the contrary, a sense of renewed strength and comfort, which is a source of daily joy and gratitude. I have read your reasons for not making known your secret of cure for a time, which appear to

Restoration
to health.

be satisfactory, yet I trust you may soon see your way to publish it, for the wider alleviation of many sufferers who may not know or hear of your successful treatment, for it was purely an accidental glance at your advertisement in the "Manchester Guardian" that led me to seek your aid. I lately saw the gentleman you allude to, who was better, and able to enjoy a fair share of health. He told me that you knew more about his complaint than any other doctor he had consulted.

"With kind regards,

"Yours gratefully,

"C. W."

"October 12th, 1884.

Patient's
statement.

"MY DEAR DR. JONES,—I have pleasure in furnishing you with some account of my troubles from enlargement of the prostate gland, and of your success in removing them, hoping that if published, other sufferers from that cause may be encouraged to seek your help, and thereby realise the relief which is now my happy experience. For some eighteen months before hearing of you, the early symptoms of the complaint were felt, but did not cause me much uneasiness or real concern for some time—perhaps six months—when they became increasingly troublesome, so as to impair my health and strength, and gradually deepening, until my rest and sleep were much disturbed, having to pass water, six, eight, or even ten times during the night, and as often during the day. This, together with collateral ailments consequent on the disease, produced general debility, and I became a complete invalid, and altogether unable to leave home. The other symptoms which gave me most distress were acute pains along the urethra, and general uneasiness about the rectum. I consulted three medical men, all of whom were powerless to do me any good: two of them said the complaint was quite incurable, and this was confirmed on referring to Sir HENRY THOMPSON'S book on diseases of the urinary organs, which I purchased, knowing his great eminence, and that he had made these diseases a special study. Consequently, I resigned

Read Sir
Henry
Thompson's
book—re-
signed to
endurance.

myself to the endurance of a period of lingering suffering, ending in death. Providentially, however, as it seemed to me, I saw your advertisement in a newspaper, and wrote to you at once, proposing to place myself in your hands, provided you deemed my case likely to be benefited by it. Well, the result as you know was, that I went to your Home; your remedy was applied twice or three times a week—generally twice only—for seven weeks, before a cure was effected, although at the end of six weeks I felt greatly better. I came home cured in seven weeks thankfully rejoicing, and felt almost rejuvenized. Three years have since elapsed during which I have had no return of the complaint, and now in my 72nd year, I am better and stronger than I was ten years ago, and a new lease of comfort and enjoyment of life has, under a kind Providence and through your skill and sagacity, been vouchsafed to me.

Sojourn at the Home Hospital—cured in seven weeks—"home rejoicing."

"Yours gratefully,

"C. W."

The last letter received from this patient is dated November 5th, 1885, and states:—

"I may thankfully acknowledge my continued good health: I have had no return of my old complaint, and am stronger than I have been for many years."

No return of complaint.

The patient is still alive and well.

No. 43.

Obscure disease of the bladder and prostate, regarded incurable by surgeons in Chester, and a London specialist, Sir ———.

J. M., aged 50, married.

This patient, who looked much older than he really was, resides in Chester. He consulted the author on August 26th, 1885. His family were mostly long lived: one great-uncle, who at the age of 100 offered to make a wager that he would walk four miles in an hour, lived to be 107 years old.

Obscure disease of bladder and prostate—declared "incurable."

Symptoms—
successive
seizures.

The patient had enjoyed good health until October, 1877, when he experienced the first attack. He was suddenly seized with difficulty in passing water, and a burning sensation when doing so. He was confined to bed with a large swelling over the region of the left kidney, and was away from duty ten weeks, during which time he lost flesh to a considerable extent; the appetite also quite left him. In the years 1880-81 and 1882 he had difficulty in passing water from time to time, and was always worse in cold weather. On April 1st, 1883, he was for a second time attacked with great difficulty and pain in passing water, and as on the former occasion, lost flesh and appetite. He was laid up for sixty-six days. On January 10th, 1885, a third and much more serious attack came on. About that time he was obliged to change his residence, and taking cold, his sufferings became intensified in every way. There was intense throbbing pain along the urethra, accompanied by pain in the substance of the penis, which felt "as though it would burst." There was, too, an extraordinary pain of a neuralgic character in the anus, aggravated to a degree by heat or cold. Contact even of a cold bed sheet sent a thrill of pain through him which would continue for two hours. He was obliged to get up at night every twenty minutes, and thinking the application of a disinfectant to the bladder might give him relief, he passed a catheter for that purpose, and although he had only just urinated, a considerable quantity of water came away. His local doctor was called in and attended for seven months, but afforded no relief, and at short intervals, two other local medical men of eminence were consulted. Getting little or no better, however, he was recommended to a London specialist, Sir —, who had published books and lectures on diseases of the urinary organs, and who is considered the highest authority on urinary diseases. This was also without effect. The patient now obtained the author's book on "Stone, and Diseases of the Bladder and Prostate," and determined to consult him,

Local doctor
afforded no
relief.

Tried
London
specialist
without
effect.

Consulted
the writer.

and see whether he could do for him what he professed to have done for others.

Besides the foregoing history of his case, J. M. stated the following facts as to his then present condition :—

“ I have more or less frequency of urination day and night (sometimes every fifteen minutes), attended by a burning pain along the urethra. The pain is most severe at the tip of the penis and neck of the bladder. I feel also that there is an obstruction at the neck of the bladder which prevents me passing water although I have intense desire to do so, so that urination is accompanied by intense straining ; when the water does pass it comes out in several streams and communicates a terrible scalding pain both to the meatus, and to the outlet of the rectum. Walking produces a feeling as of two pieces of raw flesh being rubbed together, and every step I take sets up a painful vibration along the urethra and substance of the penis ; when I cough it is still more unpleasant. Sitting is equally as painful as walking : it causes an indescribable pain in the seat ; a burning, forcing sensation which quite overcomes me : the only position which gives me relief is lying. My duties necessitate walking for hours together, so that I am obliged to get a substitute to do my work for me. My urine is variable in character ; generally cloudy and occasionally containing blood ; mucus always ; it is at times acid, alkaline and neutral : I have been twice examined for stone ; the first time about two months after my present attack, and again by the London Specialist. After the former examination I passed two or three clots of blood, and after the latter both clotted and liquid blood appeared in the urine and have continued from time to time ever since. I do not think the blood has anything to do with my disease, since it only manifested itself after the examinations for stone. I have of course taken the usual remedies for such cases, as Uva Ursi, Pareira Brava, Buchu, Morphia, etc., but without the least benefit.”

Statement.

Severe
suffering.

Spray
treatment.

The Spray treatment was commenced the first day he came, August 26th, and on September 5th the patient reported :—

Improved.

“General symptoms greatly improved ; state of the bladder much better ; the obstruction at the neck nearly gone ; burning along the urethra and at the end is greatly relieved ; also the pain at the anus.”

On September 11th, the report was :—

“General symptoms still improving, although they have perhaps been checked slightly through having caught cold ; there is less pain in passing water ; the obstruction at the neck of the bladder and pain at the anus are greatly reduced so that I can sit much better ; in fact, to sit two or three hours now occasions only slight discomfort.”

On September 20th, he stated :—

“I am steadily getting better ; I can both walk and sit with greater ease, and there is nothing which can be called pain in passing water ; merely a slight drag occasionally ; the water is much clearer. What a misfortune I did not see you instead of Sir ——— when I came to London nearly a year ago.”

On October 4th, reported :—

Still
improving.

“Still improving ; am better in every respect ; I can hold my water like other people now, and am rarely disturbed at night, and then never more than once ; this is the more remarkable, seeing that I have taken more exercise during the last week than at any previous time during my illness, one day I walked six miles. I have from time to time written to my wife telling her of my great improvement, and she in turn told my former medical man : he said she must not place too much faith in such reports, as I was probably merely getting relief from morphia and other pain-subduing remedies ; that my case was regarded as incurable by the highest authorities, and that in all probability, whatever relief I was experiencing was temporary. The result of this is that my wife has come to see for herself.”

On October 11th, he stated :—

“On Tuesday I walked seven miles, and on Thursday and Friday ten miles each day, and could have done more had it not been for the tenderness of one of my feet; I have felt no further inconvenience from this exertion, and in fact I feel quite well.”

“Quite well.”

Such was the satisfactory termination of this case. The patient, before returning home, wrote the following testimonial :—

“On Wednesday, August 26th, 1885, I consulted Dr. DAVID JONES for complicated affection of the kidneys and bladder. One physician, whom I consulted previous to seeing Dr. JONES, said I was suffering from a tumour on the surface of the bladder; another, supposed to be the most eminent specialist in London on the subject, said the seat of my malady was between the kidneys and bladder; but from neither did I get anything more than temporary relief in my sufferings. I was ill off and on from the year 1877; with my last attack from January 10th, 1885, up to the time I saw Dr. JONES, August 26th, 1885, with pains of an excruciating character, not conceivable except by those who have passed through them; relieved at times by various remedies, but without any approach to eradicating the evil. I have now, Wednesday, October 14th, been under treatment seven weeks, and feel perfectly well, and in the belief that my health is fully restored, I am this day returning to my house and family.

Testimonial.

But seven weeks under treatment.

“J. M.”

In another letter he writes—“My medical attendant is very pleased I am cured, but is at a loss to know how it was brought about.”

Local medical attendant puzzled.

In a letter, received May 5th, 1886, he makes allusion to his present satisfactory state of health and adds—“I need hardly say that I shall feel it a pleasure to reply to any person you may refer to me, and the more of them the greater will be my satisfaction. Please make my kindest regards to Dr. GORDON, and I trust he will long

Patient anxious to answer inquiries.

be spared to treat the sufferings of others with that kindness and tenderness which I experienced at his hands.

“J. M.”

No. 44.

Case regarded as “incurable” by surgeons in Grays, and physicians and surgeons in Guy’s Hospital—the patient being a superannuated member of the “Hearts of Oak” club, and on the Parish of Grays, Essex.

J. B., aged 31, married.

A workman's accident—severe injuries, involving bladder and urinary organs.

No relief from local practitioners.

Much improved at Temperance Hospital.

Symptoms returned—tried Guy’s.

Conflicting diagnosis.

Met with an accident on November 11th, 1880, by which a bar of iron fell on his head, stunning him, and confining him to bed for ten days, and to the house for a month. He had great pain in his back and side, extending also to the bladder and the whole of the urinary organs, and setting up constant and irresistible desire to urinate, attended with equally severe pain in the prostate and rectum. He was under the care of Dr. S., of Grays, sixteen weeks, and afterwards under Dr. R. for some time. Getting no relief, he went to the Temperance Hospital, Hampstead Road, and was in-patient from March 21st till June 1st, when he left much improved. He then became out-patient for some weeks, during which time his symptoms gradually returned. He was then recommended to try Guy’s Hospital, and accordingly went there and saw Dr. S., who said he had “cystitis” and advised him to enter the Hospital, which he did on September 21st, and remained there until December 10th, 1881. Mr. B. saw him on his admission and diagnosed the case as “cystitis,” but after attending him for some time he altered his opinion, and said the disease was ulceration of the left kidney. Thereupon he was transferred to the “medical side,” where Dr. W. examined him, and pronounced him to be suffering from “abscess of the kidney and inflammation of the bladder.”

Dr. P. S. next saw him and confirmed Dr. W.'s diagnosis, and said that he had in all probability "cancer" as well, and adding that as his case was incurable he had better go home. As the patient was rapidly getting worse, he followed this advice and went home—as he thought—to die. He now got worse and worse. All his symptoms increased to an alarming extent, and his sufferings were getting beyond endurance, when he happened to come across a copy of the author's Fifth Edition, and seeing therein the case of Mr. THOMAS LUDLOW, of 52, King's Road, St. Leonard's (formerly of Clapham), now of 16, The Grove, Crouch End, Hornsey, which in some respects resembled his own, he determined to try what the "Spray" treatment would do for him. He accordingly consulted the writer on February 6th, 1882, and made the following statement:—

"Incurable"
—"went
home to
die."

Saw a copy
of the
author's
book.

Consulta-
tion.

"I am incurable, so they say at Guy's Hospital and other places. I have been to hospital, parish and private doctors, but get no relief from anyone. I am in terrible misery; death itself would be a relief to me. I pass water day and night in awful agony every ten or fifteen minutes: sometimes, but very rarely, I go half-an-hour. I pass blood and matter in large quantities. I have been in bed on and off for over a year. I have been on the parish of Grays since December 10th, 1881, and am badly fed, having a wife and five children dependent upon me. I am on the "Hearts of Oak" club, but have tired them out, so that I only receive now four shillings a week as a superannuated member."

Statement.

Deplorable
condition.

Since his illness the patient had greatly emaciated, and had the appearance of a worn-out, used up old man. He tottered as he walked, and stooped a great deal; his voice was weak and tremulous, and in fact he seemed in utter despair, and to have given up all hope of ever getting better. Encouraging words had no interest for him, and he remarked, in a plaintive voice, "I know I am going home, doctor, but you don't like to tell me so."

Encourage-
ment
unheeded

Spray
treatment.

Gratuitous treatment was at once administered, and regularly repeated from time to time: rules for diet and other directions for his guidance were given him, together with the assurance that the "Spray" treatment would cure him eventually, as it had hundreds of others who, like him, had been given up as incurable.

"Better."

In the beginning of May, he said, "I am certainly better, and do not find it necessary to keep my bed as I was compelled to for a year before coming under your care." On being asked to specify in what particular respect he felt better, he replied, "I pass water less frequently and with less pain, and the pain in the rectum is less. Nothing that was done to me before did the slightest good—excepting the temporary relief I obtained at the Temperance Hospital. What you have done for me is the only thing that has ever touched my complaint. I know now that the encouragement which you gave me at first had truth in it."

Your en-
couragement
had truth
in it."

On May 25th, he said, "I go now an hour at night and half-an-hour in the day without urinating, and am losing the extreme pain, and am putting on flesh."

On June 15th, he stated, "I am still improving; urination is less frequent and less painful. Everyone remarks how much better I am looking. I can now walk upright and talk like a man."

Steady im-
provement.

The patient continued to make steady improvement, and on January 23rd, 1883, he called and reported himself as keeping well. He related an interview he had had with the Vicar of his parish, the Rev. R. H. B., who had been exceedingly kind to him during his illness. The author gave him a copy of his book to present to the Vicar, and received the following letter in acknowledgment:—

"The Vicarage, Grays, Essex,

"January 23rd, 1883.

Testimony
of the Vicar
of Grays.

"DEAR SIR,—I have to thank you for the copy of your work on 'Stone and Diseases of the Bladder, &c.,' which has been handed to me this evening by Mr. BELL,

who is one of your patients, and a parishioner of mine. You have great reason for satisfaction at the wonderful success which has attended your treatment of him. I can thankfully testify to the marked improvement which has shown itself even in his outward appearance. On one occasion, I well remember calling to visit him, almost fearing that he might have passed away, when to my great surprise he opened the door himself, and invited me in. Mr. BELL may well feel grateful to you for your great skill in his case, and the extreme kindness and generosity he has experienced at your hands.

"Wonderful success of the treatment."

"Believe me, Dear Sir,

"Yours faithfully,

"R. H. B.

"*Vicar of Grays.*"

More than a year after the date of this letter, the author received a second one from the same gentleman, as follows:—

"February 18th, 1884.

"DEAR SIR,—I should like you to know that JOSEPH BELL, the man upon whom you operated so successfully, has just died of lung disease. He never ceased to speak in the highest terms of your kindness and skill.

Patient eventually died of lung disease.

"Believe me, yours truly,

"R. H. B."

It is gratifying to know that JOSEPH BELL had no return of the "obscure" bladder disease which had resisted every remedy until the "Spray" treatment cured him. Especially gratifying too is it to know that the patient declared off the parish, and subscribed to his club again, to become eligible to receive the benefits due to its members.

No return of the bladder disease.

No. 45.

Disease of the prostate and bladder, extending over two years—cured in three weeks.

J. J. C., Esq., aged 55, married.

Disease of
the prostate
and bladder
—two years
duration.

Symptoms.

No relief
from local
surgeons,
nor London
specialist.

Spray treat-
ment—cured
in three
weeks.

Acknow-
ledgment.

Consulted the writer on January 24th, 1883, complaining of the usual discomfort attending disease of the prostate gland; had frequent desire to pass water, attended with burning pain extending from the meatus to the anus, and frequent calls to urinate at night; mucus was deposited in the chamber utensil, which very soon became offensive. Complained of having no force to expel his water, and when he urinated, the fluid fell perpendicularly from the meatus. On examining the prostate gland, one lobe was found enlarged, and the bladder retained one ounce of urine which was brought away by catheter.

He had obtained no relief from his surgeons in Tunbridge, and was recommended by them to a specialist in London, who was equally unsuccessful. He then sought the writer's advice, and was admitted to his Home Hospital in Dean Street, Soho, where the Spray treatment was adopted. He was cured in three weeks, and the benefit he derived is gratefully acknowledged in the following letter:—

“April 10th, 1883.

“DEAR DR. JONES,

“I am sorry I should have allowed so long a time to elapse since I left the Home Hospital, 10, Dean Street, Soho, without writing to express my very sincere and hearty thanks for your kind and skilful treatment, while a patient under your care. I am thankful to say that my three weeks' treatment at the Hospital has done wonders for me. I have lent your book, which you kindly gave me, to many of my friends, and I mean to publish your skill wherever I go. I must further say that the Home in Dean Street is everything one could wish for in home comforts, and the very kind attention,

both from Mrs. EARLY and her husband, will ever be remembered by me with feelings of admiration and gratitude.

"I am, Dear Sir,

"Yours very gratefully and faithfully,

"J. J. C."

A later letter received in January, 1888, states that this patient continues in perfect health.

No. 46.

Enlargement of the prostate with complications—pronounced incurable—cured in 31 days.

T. S., aged 58, married.

Consulted the writer on August 5th, 1884, and gave the following account of his case:—

Enlarged prostate, with complications.

"I have been troubled for the last five or six years with a too frequent desire to pass water, accompanied by intense straining, although I could only pass very little at a time; this became worse four years ago after returning from visiting my son in Ireland. My suffering at that time was greatly intensified, and the desire to urinate got much more frequent; so much so, in fact, that at night—when I was always worse—I was obliged to get out of bed every few minutes. Want of sleep completely wore me out. So I have continued ever since, with the exception that now and again I have had periods of relief, but only temporary ones, and each recurring attack has exceeded the others in intensity. I have been attended by two medical men, each of whom said my sufferings were due to disease of the prostate, which was incurable. I have read your book, and have derived from it what I have long been a stranger to—'hope': I place myself in your hands, and pray you may be successful with me as with others."

Distressed condition.

With what result the patient's visit to the writer was rewarded, the accompanying letter which was published in the "Derbyshire Courier," of April 4th, 1885, will show:—

"To the Editor of the 'Derbyshire Courier.'

"SIR,—I am glad to find that Dr. D. JONES is advertising his Home Hospital for Stone and Diseases of the Bladder and Prostate, in the 'Derbyshire Courier.' I consider I should not be doing my duty to the suffering public, if I neglected to testify my experience in favour of the doctor's special treatment.

Four or five
years of
suffering

"My case is just this. I had been a great sufferer off and on for some four or five years, and under medical treatment from time to time during my period of suffering. I was temporarily relieved, but never cured, getting little or no permanent benefit from continual suffering night and day. I became impatient, and getting gradually worse, I asked my doctor if nothing more could be done for me. He plainly told me I was suffering from disease of the prostate gland and bladder; that my disease was incurable, and that I must bear it, as others had done, for the remainder of my life. Seeing an advertisement of Dr. DAVID JONES' book in the 'Standard,' I wrote for it, and after reading it, decided on trying his skill, and went up to London for that purpose. No one can imagine the inexpressible joy I felt when the doctor assured me I could be cured. I placed myself under his treatment, and in thirty-one days I was sent home perfectly well, and have continued so up to this time. I beg to enclose you my address, which you are at perfect liberty to give to any enquirer.

Pronounced
"incurable."

Tried the
writer's skill.

Cured in
thirty-one
days.

"I am, etc.,

"March 29th."

"T. S.

Still further confirmation of the success of this case will be found in the following letter :—

"February, 1888.

"DEAR SIR,—I am truly thankful to say that I continue perfectly well. I shall always look back with heartfelt gratitude to you, and consider that, under God, you have been the means of restoring me to health and saving my life. I have no discomfort of any kind : I go to bed, and

Four years
after,
continued
perfectly
well.

sleep well all night. Before I went to you, my life was miserable and a burden to me.

“Wishing you and your son every prosperity,

“I am,

“Yours gratefully,

“T. S.”

IMPROVED TREATMENT.

Dr. DAVID JONES's treatment improves, of course, under the suggestions of accumulated experience. The subjoined group of cases serve to show that his methods have advanced since the publication of the Sixth Edition of the present work. They illustrate, in particular, the immediate relief given and cure effected after prolonged and unsuccessful treatment by local practitioners and specialists. The cure of severe cases, given up by others, Dr. JONES has been wont to compute by weeks; here it is to be reckoned by no more than days.

Signally
rapid cures.

No. 47.

Severe urinary irritation relieved in three days.

W. M. R., solicitor from Norfolk, had been troubled severely with urinary irritation for two years. He had consulted his local medical attendant without relief. After this, he came to a medical friend in town (who had purchased his late father's practice), and he, in turn, sent him to a specialist for urinary diseases, who examined him for stone twice, but no relief resulting from his treatment, he suggested an operation, necessitating a stay in bed for a month, as he believed there was something in the bladder that wanted removing, and added, there might also be a stone in the folds of the bladder, not discovered by sounding.

A sufferer
for two years
relieved in
three days.

After vainly
consulting
urinary
specialist.

The writer only saw the patient once, and administered a “spray,” requesting him to send a report in three days, as to the effects of the treatment. The patient wrote:—

Acknowledgment.

“ Norfolk, April 8th, 1886.

“ DEAR SIR,—The three days having elapsed since you treated me, I gladly drop you a line to report the result. I can most truthfully say that I am considerably better, suffer comparatively no pain, and (wonderful to relate) I have slept better for the past three nights than I have done for quite two years past. Instead of jumping out of bed eight or ten times, I have had three nights' sound sleep. Monday and Tuesday nights I got out of bed once, but last night I went to bed about eleven, and never had occasion to get out until about half-past nine this morning. This is marvellous for me, and you certainly have given me ease, I hardly dare hope permanently ; it would be a miracle if you had, but you have put me in a state of freedom from pain and irritation, that I have long been a stranger to.

“ With best regards,

“ Believe me, yours faithfully,

“ W. M. R.”

Permanently restored.

Mr. W. M. R. again writes after an interval of seven weeks. The “ miracle ” which he hardly dared to hope for seems to have been nearly realised, and the freedom from irritation which he experienced the first three days was but little broken afterwards. As appears from his letter, he was now fairly restored and jubilant. The following letter was in answer to an enquiry after his health :—

“ Norfolk,

“ May 29th, 1886.

“ MY DEAR SIR,—According to your desire, I now drop you a few lines to let you know how I am going on, and have much pleasure in being able to state I am progressing most satisfactorily, so much so that I intend going to Newmarket to-morrow to see the 1000 Guineas. I urinate on an average from five to six times a day, and with very little, sometimes not *any* pain, and my nights are easy. I seldom get up to urinate until about six in the morning ; in fact, I have not had but one recurrence of pain since I last wrote you ; I attend most strictly to your instruc-

tions ; the only rule I break is smoking, as the weather has been so horribly cold down here, that I have had my pipe more frequently indoors than out. This is a dreadful country for easterly and north-easterly winds ; we are not more than eleven miles from the sea as the crow flies, and the coast is flat, so that we get them in perfection.

“ I most sincerely thank you for the interest you have taken in my case, and I will write you from time to time as to how I go on ; should I have a relapse I shall certainly come up at once and see you. It seems incredible that I should have suffered as I did for two years. and that you should have comparatively set me all right with only one application of your marvellous treatment. I am truly grateful to you, and with kind regards,

“ Seems incredible.”

“ Believe me, yours faithfully,

“ W. M. R.”

No. 48.

Prostate disease cured at one visit.

The case of E. H., Esq., more than confirms the immediate success for which Mr. R. was so grateful. Mr. H. was cured from the date of his first visit, after vainly trying other doctors for three months, one of whom was a specialist of high standing.

Prostate disease.

Cured at one visit.

E. H., Esq., aged 66.

Consulted the writer on June 20th, 1885, giving the following account of his sufferings :—

1. In November, 1884, took a bad cold which affected the neck of the bladder, occasioning intense irritation, and a constant desire to urinate.

2. He was attended by his medical man four months, but getting no better, a specialist noted for bladder diseases was called in consultation, and prescribed various remedies, but without any benefit. Medicines seemed to upset him.

Family doctor and specialist had not availed.

Anxious
and dis-
heartened.

Consulted
the writer.

3. Being unable to attend to his professional duties he became anxious and disheartened, when by accident he saw, and purchased the author's book on "Diseases of the Bladder and Prostate," and, after reading it, placed himself in his care.

4. In addition to the usual symptoms of inflammation of the bladder—due to prostatic disease—there existed numbness and itching of an unbearable character at the neck of the bladder.

5. The urine was highly alkaline and loaded with fetid mucus.

6. After emptying the bladder to the best of his ability, there still remained three ounces of residuary urine which he was unable to pass, and which were drawn off by catheter.

The "Spray" treatment was administered, and the patient assured that in all probability he would soon be well.

On June 24th, he visited the writer, and said, he thought he was really cured, and added, he had had no pain since his former visit, with the exception of a little irritation after the spray.

"Himself
again."

All his former discomfort had disappeared, and the urine, instead of being dirty and full of stringy offensive matter, had become clear and natural. The burning pain had quite gone, and in fact he felt quite himself again.

After nearly a year had elapsed, the patient wrote the following letter, in answer to one sent to enquire after his health :—

"Portland Place, W.,

"15—3—86.

"DEAR SIR,

Still well
twelve
months
after.

"It affords me much pleasure to be able to testify to your successful treatment of my case. I was under two doctors for about three months, one of whom is of very high standing in the profession, and a specialist for urinary diseases. I took eight different kinds of medicine without any improvement, indeed, they quite upset my general health.

"Happening to see an advertisement of your book in a newspaper, I procured a copy, and after perusal, came to you. From the *first* visit up to the present time, I have felt no pain or inconvenience whatever. I have taken wine and spirits in moderation, but have had no return of my painful disease. My friends tell me (and I believe myself, that as it is now twelve months since I came to you, I may conclude I am perfectly and permanently cured. I shall be very pleased to see any one requiring confirmation in respect to your treatment in my case, and with heartfelt thanks to you,

"I remain, Dear Sir,

"Yours faithfully,

"E. H."

In February, 1890, E. H. continued well.

No. 49.

Urinary irritation cured with two sprays.

The case of Mr. HOLMES, of Cambridge, shows to perfection the efficacy of the Spray treatment, two applications of which brought a derelict sufferer back to the full satisfaction of life. Cambridge has a high repute for medical skill, and is a centre of medical teaching; but five months of its best physicians and surgeons in this case failed to afford relief. This patient regards the promptness of Dr. JONES's cure as "marvellous":—

Urinary
irritation.

"44, Panton Street,

"Cambridge,

"MY DEAR SIR,

"May 31st, 1886.

"I intended writing to you sooner, but thought it better to wait awhile after such speedy cure as you effected on me, in case of a relapse of my painful disease. I am thankful to say I continue quite well, and have no pain or inconvenience of any kind. Instead of having to get out of bed 12 or 14 times every night to pass water, which I did with severe forcing and scalding pain, I only get up once or twice to urinate with perfect ease and freedom.

Speedy
cure.

Value of the
Spray 2876
Treatment.

"I consulted three of the first physicians in Cambridge, and a Homœopathic physician, and was under their care for five months without deriving the slightest benefit. Before I came to you, my doctors (very eminent ones too) said all that could be done for me had been done, so I gave myself up to fate, and asked them not to come again. Soon afterwards I saw an advertisement of your "Home Hospital" for Stone, etc., in the "Christian World," and decided to come to you. Strange as it may appear, you did for me with two applications of your spray, what my other doctors could not do in five months. Life is now a pleasure to me; I eat well, and take stimulants (which I was forbidden to do before) without any discomfort. I am truly thankful I ever came to you. My friends say my cure is nothing less than a miracle. I shall be very pleased for you to make any use you like of my name and case. I make it my duty to talk to all I meet about your successful cure.

"I am, yours gratefully,

"WM. HOLMES."

On January 3rd, 1891, Mr. HOLMES writes, "Thank God, I am perfectly well."

No. 50.

Disease of the prostate gland, and severe inflammation of the bladder of several years standing, cured by the administration of three "Sprays."

Mr. WILLIAM REYNOLDS, aged 75, Barrington, Cambridgeshire.

Prostate
disease with
severe in-
flammation.

Consulted the writer, accompanied by his son, on July 12th, 1886, and stated that he had been suffering from weakness of the bladder for many years, but, as the inconvenience was not very great, he attributed it to advancing age. Three years ago, however, he was seized with complete stoppage of the urine, and was obliged to send for his local doctor, who gave him relief

by using a catheter and drawing off about a quart of water. The same treatment had to be adopted on the following day, and he was then advised to go into the Cambridge Hospital. He did so, and was there for a week, when he was discharged, and told to continue using a catheter himself. He followed out this advice for more than a year, but the catheter set up such pain and soreness that he was compelled to leave it off. After that he got gradually worse, and for more than a year and a half before his visit to the writer, he had been obliged to urinate every ten or fifteen minutes day and night (generally worse at night), the act being attended by intense scalding and straining, the pain being more severe at the anterior part of the perinæum, and just above the scrotum.

Cambridge
hospital un-
availing.

Distressing
symptoms.

Occasionally during the day time there would be longer intervals of relief, but when such was the case, they would invariably be followed by severer paroxysms than usual.

The patient had heard of the successful case of Mr. W. HOLMES, 44, Panton Street, Cambridge (the case immediately preceding this one), and was on that account induced to try the "Spray" treatment himself.

Recom-
mended to
try the
"Spray."

An examination satisfied the writer that he had the usual form of prostatic enlargement, accompanied by severe "cystitis" (inflammation of the bladder), to deal with. He removed by catheter, four ounces of urine, loaded with mucus and pus, which the bladder was unable to get rid of naturally, and which was highly ammoniacal and offensive. After standing for six hours in a glass, there was a deposit of more than half the whole bulk by measure, of thick adhesive muco-pus. The patient being somewhat exhausted after the examination, it was decided not to do anything further that day, and he was told to come on July 14th, when the first "spray" was administered.

On July 17th, he came with his son again, and stated that he was much better. He had urinated only three, and five times, on the nights of the 15th and 16th

Immediate
relief.

respectively, and the residuary urine had decreased to one ounce. The pain was much lessened and he had slept comfortably. His countenance was brighter and wore a grateful look when relating that he was so well on the previous day, that he left his son's house at 4 p.m. to visit a brother in Stratford, and did not return until late at night, and that during the time he only urinated once. A second "spray" was administered.

Cure on the
third Spray.

July 22nd.—Still improving; had urinated only three or four times daily since his last visit, and had slept undisturbed through the nights. The urine was perfectly clear and normal, and but for there being three drachms of residuary urine, no further treatment would have been given. A third "spray" was administered, however, for safety, and the patient sent home cured. Before leaving he said, "I shall always bless you. The idea of being free from pain, and of being able to sleep all night is such a comfort to me, that it is impossible for me to express my gratitude."

The patient's son, Mr. JOSEPH REYNOLDS, residing at No. 2, Haverstock Hill, is so gratified at his father's restoration to health, that he willingly permits reference to him, should anyone require confirmation of the above report.

The reader will observe that in most of the cases published under this heading, a considerable time has been allowed to elapse before reporting them as cured. Of the four preceding cases of *rapid cure*, therefore—all of recent date—it might be suggested that sufficient time has not yet passed to guarantee the certainty of permanent cure. The writer, nevertheless, has ventured to place them before the public in the firm conviction—based upon thirty years' experience—that time will prove an equally successful result with these as with other cases of longer standing.

INCONTINENCE OF URINE.

This distressing condition, more or less severe, is incidental to some of the graver forms of urinary disease, as in paralysis of the bladder or the presence of tumour, cases of which are given below.

Incontinence
of urine in
its severer
forms.

“WETTING THE BED.”—A milder form of the infirmity, a weakness familiarly known as “wetting the bed,” is not uncommon in children below the age of puberty, and may be due to a variety of causes, such as “worms,” “acidity of the urine,” “drinking too much fluid before retiring to bed,” etc.; but in many cases the cause of the trouble is but little understood. Medicines as a rule do but slight good: iron and quinine, belladonna and nux vomica, and various tonics, sea bathing, galvanism and many other remedies have been tried, with, frequently, no good result, and when everything has failed, the parents are told that as the child grows older it will grow out of its infirmity. When such a fortunate result does not take place, the child is often accused of carelessness, and accordingly punished by parents and servants in a most unjustifiable and cruel manner. The writer is frequently meeting with cases of a similar kind, but occurring in patients of maturer age—from 14 to 20. These are, if anything, the more distressing, as while children do in some cases undoubtedly outgrow the disease, it is rare that a youth or a girl having reached the age of 20 with this trouble upon them, receive any benefit from ordinary medical treatment.

“Wetting
the bed.”

It is in these instances that the “Spray” treatment is often conspicuously successful, as some cases following—selected from more than 50 treated by the writer—will show.

Spray
treatment

MEN'S CASES.

 No. 51.

Incontinence of urine—paralysis of the bladder.

H. D., aged 45, married.

Incontinence
of urine due
to paralysis.

The case illustrates *paralysis* of the bladder, greatly relieved—apparently cured—various previously applied means having failed to take effect, galvanism included.

Symptoms.

The patient consulted the writer on the 13th December, 1877. Nine months previously he had been seized with loss of power in his lower limbs and had been treated in a hospital and at other places for paralysis. Soon after was seized with considerable pain in his back which increased the paralytic sufferings, and occasioned inability to retain his urine, which (as he said) “dribbled away night and day.” The like loss of power extended to the bowels, and greatly added to the patient’s discomfort.

Spray
treatment—
rapid
progress.

When first presenting himself he was in a most deplorable state, and having no urinal, flannel and similar contrivances were made use of. Every one he approached perceived an offensive odour. He had extreme irritation of the bladder, and was obliged to urinate in very small quantities continually, and without much relief. On introducing a catheter, thirty ounces of highly offensive turbid urine loaded with mucus were withdrawn, and a “spray” was administered. He was instructed to wear a urinal (of which he had not previously heard)—was treated twice a week, and made very rapid progress.

December 24th.—Residuary urine, heretofore very muddy, thick and offensive, now clearer and inoffensive, and reduced from thirty ounces to four ounces. The urination not so frequent, and feels in every way a better man than he had felt since his seizure. For safety administered another spray.

January 3rd, 1878.—He declares he is cured, urinates naturally, and says: "I can do without the urinal night and day." No treatment was used, and was told to come again in a few weeks.

Patient thinks he is cured.

January 21st.—Came to the writer for the last time, considers himself cured as far as the bladder is concerned. Discontinued treatment, but advised to come again if necessary.

May 25th.—Came to the writer and reported himself "quite well in the bladder," but added—"My limbs are still very weak. Can't you cure my legs now that you have made such a wonderful job of my bladder?" No treatment on this occasion.

October 23rd.—Came again—slight return of bladder irritation—says: "I have done my work very well since you cured me, but I am afraid of this scalding." In answer to a question respecting the urinal, he said: "I have had no occasion to use it since I left it off." Urinated naturally six ounces of clear urine.

Slight return of irritation.

November 6th.—He says: "I am very much better, sir. I think I shall do now." Emptied his bladder naturally. On introducing the catheter no residuary urine was withdrawn. No spray used—was told to come again in twelve months.

October 16th, 1879.—Called and said: "I have followed my occupation without interruption as far as my bladder is concerned." H. D. gave the same report up to a recent date, 1890.

Good report a year afterwards.

NOTE.

The above case is not presented as perfectly cured, but as illustrating the ameliorative effects of the writer's treatment. He is not aware of any case of the kind in which any real or lasting benefit had been derived from the ordinary method of treatment, all such cases being invariably regarded as beyond relief. Under the ameliorative treatment alluded to, the paralysis and inflammation of the bladder consequent upon the retained and decomposed urine, are markedly subdued,

Cure not perfect.

as shown in the foregoing case—the helpless, paralysed condition of the bladder soon responding to the treatment. A thorough and permanent cure cannot, however, in all cases be expected, for the brain and spinal degeneration continue to get worse; still, the patient's life may be prolonged, his sufferings greatly mitigated, and comfort and consolation derived from the conscious ability to pursue the active duties of life. In the above case the patient was enabled to earn the means of subsistence for himself and his family. He had, moreover, the satisfaction of seeing his children grow up until capable of helping themselves, which was in itself an inexpressible joy to him.

No. 52.

Wetting the bed from birth up to the age of 20 years.

W. C. R., aged 20, Rugby.

Incontinence
of urine from
birth.

Consulted the writer on August 8th, 1885. The accompanying history of the case was sent by the patient's father, the Rev. W. R.

1. He has been delicate from his birth, and when two-and-a-half years old had a very serious illness threatening his life.

With com-
plications.

2. After this he suffered from consumption of the bowels, which caused us the greatest anxiety.

3. His affliction became worse after his illness.

4. At ten years of age he had squinting for which an operation was performed.

5. When he was sixteen years old, finding nothing do him any good, I took him to an eminent physician in Birmingham, who recommended "circumcision," which was performed.

In a
wretched
state to the
age of
twenty.

This did him no good, and he has continued in the same wretched state up to the present time: he is now 20 years old.

The patient told the writer that if he cured him, he would write to one of the doctors he had consulted, who

said to his father, "It is useless to prescribe for your son ; at his age nothing can be done for him ; I speak with authority, for I am myself suffering in the same way ; I have tried every known remedy but without avail, and I know that such cases are incurable."

Pronounced
incurable--
"It is useless
to prescribe."

"Spray" treatment was carried out, and with what result the subjoined letter will indicate :—

Spray
treatment.

" Rugby,

" MY DEAR DOCTOR,

" January 5th, 1886.

" I am very glad to say that I have been marvel-
lously well since I last wrote to you.

"Marvel-
lously well."

" I have only had two mishaps since I left home, three months ago, for Oxford. One was a fortnight after I had been at Oxford, and the other on the night of December 17th, the night before I came down. I was in a nervous state then, as I was in for a ' viva ' examination the next morning, so that may possibly have accounted for it.

" I do not know how to express my thanks to you for your wonderful cure of me ; I am very deeply grateful to you and shall always be so, for your skill and great kindness to me ; you have truly taken a great burden off my life, as this weakness was a great inconvenience and distress to me when I was away from home, and in fact always, and after what Dr. R. said to me, I never thought I could be cured. I will write to you at intervals to let you know how I am getting on. I had a very nice and successful term at Oxford ; I passed my first University exam., and won a cup for rowing ; I have gone in rather strongly for boating ; it is splendid exercise and very enjoyable.

Inexpres-
sibly thank-
ful.

" My grandfather is delighted to hear about my cure ; he always thought I should be cured if you took me in hand ; with best wishes and very grateful thanks,

Grand-
father's
opinion.

" I remain,

" Yours very sincerely,

" W. C. R."

Since the above date, the patient's mother has written to say that she considers him cured.

Mother's
testimony.

Incontinence of Urine for fourteen years, after an operation for Stone.

W. R., aged 16, Lincolnshire, now of Yorkshire.

Incontinence
of urine for
fourteen
years.

Consulted the writer on October 1st, 1884. He was operated upon for stone, when two years old, by Mr. (now Sir) J. P., and from that time had not been able to hold his water. His mother took him at various times to complain of his infirmity; and was told that nothing more could be done for him; that the stone was removed, and that if he ever did recover, it would be as he grew older. He had been anxiously waiting for improvement, and as he was now 16 years old, and getting worse instead of better, he thought it advisable to try the effects of the "Spray" treatment as a last resource.

Tried the
spray.

On second
visit much
better.

The patient wore a urinal, and had done so ever since he was old enough to walk about and look after himself; his urine constantly dribbled away from him by night and day. "Spray" treatment was adopted, and he was advised to enter the Home Hospital. On October 4th, he paid a second visit, and stated that he was much better; that he had walked from his brother's house in Hornsey Park Road, and believed his urinal was quite empty. An inspection proved this to be the case. Such a thing had never happened to him before. Being so satisfied with his improvement, he entered the Home Hospital on October 6th, 1884, and under further treatment, showed rapid improvement. He discarded his urinal the first week after his admission, and went to the Crystal Palace, and other places of amusement without it, and suffered no inconvenience, and left the Hospital apparently cured in five weeks. He commenced business on Christmas Eve, 1884, and continued actively engaged until April 15th, 1885, when, a slight return of his former trouble setting in, he entered the Hospital again. A few more "sprays" were administered with signally successful results, and he left

A few more
sprays
cured.

to all appearance perfectly cured. The patient was still well in February, 1888.

WOMEN'S CASES.

No. 54.

Incontinence of Urine day and night, resembling paralysis of the bladder, unsuccessfully treated in St. Thomas's Hospital, St. Peter's Hospital, and Homœopathic Hospital, Great Ormond Street.—Cured by the "Spray" treatment.

M. H., aged 16.

The above patient had been under treatment at St. Peter's Hospital for nearly a year; an indoor patient of St. Thomas's Hospital a month, and an indoor patient in the Homœopathic Hospital, Great Ormond Street, a month, as well as under the care of private medical practitioners in the neighbourhood of Stockwell, without deriving any benefit. The writer was first consulted on March 22nd, 1883. The mother, who accompanied the patient, said she had not been able to pass water in a natural way during the whole of her illness, every drop as it was secreted, dribbling away involuntarily and unconsciously, blistering the external parts fearfully, and rendering her unfit to be in the company of other persons. Seeing that she derived no benefit from anything or anyone, it was suggested that country air and good food might improve her general health. Through the kindness of Miss HESELTINE, 16, Gloucester Place, Hyde Park, she was sent to her country residence near Chelmsford, with instructions that she was to have a room to herself, as well as every available comfort. She remained, however, only three weeks, as she felt unconscious of her unfortunate condition, and realised the unpleasantness of coming in contact with others in the house, who were put to much trouble during her stay, and she preferred on that account going back to her mother.

Utter incontinence of urine—extreme case.

Private and hospital treatment unavailing.

Deplorable
condition.

Urinal con-
trivances
useless.

Miserable
and
offensive.

On examining the patient the writer was shocked at the unsightly appearance she presented—the whole of the lower parts including the lower part of the abdomen, and the thighs, were dreadfully excoriated, and so œdematous and inflamed that they presented the appearance of “boiled tripe” rather than human flesh, and this condition extended posteriorly to the nates (buttocks) and surrounding parts; the whole blistered surface was moreover so painful to the touch, that it was with difficulty a catheter could be introduced. On being remonstrated with as to the state the girl was in, the mother replied that every conceivable contrivance in the shape of urinals had been adopted by surgical instrument makers, nurses, and others without benefit; diapers aggravated her suffering tenfold, the blistered and irritable surface becoming more excoriated and painful by contact with any material however soft; the result of this was that the constant dribbling of the urine irritated her terribly, and on that account the mother was compelled to leave her without any kind of protection, the urine as it came from her saturating her clothes when sitting or in a recumbent posture in bed. When standing or walking it trickled into her stockings and boots, rendering the poor child miserable to herself and offensive to others—a more wretched condition could not possibly be conceived. Added to this, remarks of an objectionable kind were not unfrequently heard in whatever company she was in. The combination of circumstances told seriously on the patient’s health, causing an unhappy and depressed state of mind. When the patient was in the Homœopathic Hospital, Great Ormond Street, her back became so painfully swollen and sore that she cried the whole of one night, causing other patients to complain of being disturbed; the mother said “her back was in a mass of sores, and she now has scars on her back due to lying in the same position in her wet clothes. When in St. Thomas’s Hospital she was obliged to sit on a night-pan all day.”—The writer mentions the above

facts to convey an idea of the poor child's painful, wretched, and helpless condition.

The small quantity of urine that was collected by the catheter as it was secreted from the kidneys was highly albuminous and had a slightly acid reaction. A spray was administered, and suitable medicinal remedies given, accompanied by strict dietetic rules, and instructions how best to meet her unhappy and deplorable state.

Spray
treatment.

March 29th.—The mother brought the patient again, and said to the writer, "You have done my poor child more good in one week than all the treatment employed during the long time she has been ill. She passed water yesterday for the first time in a natural way; and has had a natural *desire* to do so three times to-day, and passed a teacup full each time. Since her long illness she has never had a proper desire to do so till you took her in hand."

Passed water
in a natural
way.

Another spray was administered, and on April 2nd the report was—"Continues to improve as far as the bladder symptoms are concerned, but something upset her stomach causing her to vomit six times the day after her visit on March 29th. She was also feverish and bodily ill." Remedies were prescribed to meet the stomach disturbance, and on

Continued
improve-
ment.

April 9th, the mother said—"My child is much improved, and holds her water longer, so that the sore and blistered parts are nearly healed. I have not taken her clothes off dry for nearly two years till last night. She passed water freely and naturally since she was here and has hardly any inconvenience; it really is a miracle, sir. She passes water too often, about every hour in the day time and six times during the night, but she has perfect command over the act, only she has to go very quickly when the desire comes on; before she came to you the child never had *any desire*, and the water came away without her knowing it." The boiled tripe appearance of the parts had all but disappeared, and the parts were assuming their natural appearance. The patient herself added, "Not a drop of water has come

Restored
function.

away without my knowing it, since you gave me the second treatment. I know now when I want to go, and get up immediately and so keep the bed dry."

April 19th.—The patient came by herself and reported further progress; was passing water six times a day and four times at night. Another spray was given, and she was told to come again in about a week.

April 26th.—Improving: passing water only four times a day and the same at night.

May 21st.—Continued to mend. The irritation decreasing, and urinating only three times a day and once at night, and without inconvenience.

Slight
relapse.

June 6th.—Not quite so well. At night the desire to urinate came on so suddenly that she wet the bed in spite of herself. She said, "The desire is so great I cannot help myself: it is different to what it used to be: I know I am passing water in bed, but before I came to you, it used to come away without my knowing it."

June 14th.—Better again, but slightly feverish.

Cured.

June 31st.—Very much relieved since last seen; the feverishness and back pain quite gone—the urine natural, and in fact all her urinary trouble had disappeared. In other words she was cured.

September 17th.—Came with her mother to say she was quite well.

Full of
gratitude.

January, 1884.—Reported herself as continuing perfectly well. She looked well, had grown taller and stouter, and was full of gratitude.

In June, 1884, the writer wrote to enquire if the patient continued well, and received the following very satisfactory reply:—

" 12, Nealdon Street,

" Stockwell,

" June 8th, 1884.

Quite well a
year after.

" DEAR SIR,—My daughter, I am happy to say, keeps quite well. It is now twelve months since she was under treatment, and anyone who saw her before she went under your care, and saw her now, would not know her

to be the same girl. I should be glad to let her see anyone you like, and speak for herself, and I shall always feel the greatest gratitude towards you.

“ I remain, yours truly,

“ M. HUGHES.”

In a still later letter, the mother wrote from 3, Broomgrove Road, Stockwell, to which place she had removed —“ I am happy to say my daughter still keeps quite well.—February 23rd, 1888.”

Five years
after, still
well.

No. 55.

Incontinence of Urine (wetting the bed) from childhood partially relieved by Homœopathic remedies and cured by the “ Spray ” treatment.

M. J., aged 21, single.

Consulted the writer on December 3rd, 1885. She stated that she had been unable to hold her water at night for as long as she could remember, and, as she was obliged to earn her living as a domestic servant, it had been an incalculable drawback to her, for she was never able to retain a situation for more than a week or two. In spite of all her efforts, her bed and clothing were nightly saturated, a state of things not only highly painful to herself, but extremely objectionable and unhealthy to others who were obliged to share her room. She was advised to enter the Home Hospital for treatment, but was unable to do so on account of the expense, and as there were no free beds for “ women,” she was obliged to attend as an “ out-patient.” Suitable Homœopathic remedies were given, and afforded decided relief, as the patient was enabled to go for longer periods without passing water. The treatment was continued for a considerable time, and with evident benefit, but, as the disease still asserted itself, it was decided to adopt the “ spray ” treatment to endeavour to eradicate it altogether.

Incontinence
of urine from
childhood.

Homœo-
pathic reme-
dies afforded
relief.

Cured with
the spray.

The first "spray" caused marked improvement, which increased with each successive application. The intervals between the "mishaps" became more and more prolonged, and after the treatment had been carried out for some time, all the patient's inconvenience and discomfort had vanished, and the last time the writer saw her, she reported herself as quite cured, and stated that she was looking out for a fresh situation.

Verification.

The mother's address may be obtained from the writer, by anyone requiring verification of the above statement.

No. 56.

Paralysis of the Bladder of two years' duration, attended by involuntary urination, night and day, discharged from Fitzroy House as incurable, cured by one Spray.

Miss E. M., aged 36.

Involuntary
urination due
to paralysis.

Electricians
and physi-
cians could
do no good.

Had for two years been suffering from partial paralysis, which ultimately became complete, affecting the bladder. The urine, as it was secreted, passed involuntarily by night and day, causing the patient to be in a most wretched and deplorable condition. Dr. A., an electrician and physician, attended her, and his prescriptions were faithfully carried out for a considerable time, but without any benefit. Another electrician and surgeon of note now treated her, and endeavoured to cure her, but she was only relieved, and although some months were devoted to the treatment, she soon became as bad as ever. The opinion of another physician, Dr. P., who has devoted great attention to diseases of women, was now sought, and he was of opinion that he could cure her.

By Dr. P. she was recommended to enter Fitzroy House (an establishment for invalids), and another physician, Dr. B., a specialist in relation to the treat-

ment of paralysis and diseases of the nervous system, was called into consultation, the result of which was that she was discharged as "incurable."

Pronounced
"incurable."

The writer was now requested to treat the case, which he did with success, as shown by the subjoined statement, furnished by the patient's father, a medical gentleman:—

Writer
requested to
treat the
case.

"E. M., aged 36, single, has been suffering for two years from partial paralysis, which has been progressive, and is now complete. She has had the advice of eminent men in London and elsewhere, without deriving any benefit from treatment, especially with reference to the bladder, which has become paralysed. The constant escape of ammoniacal urine day and night was causing her great distress, when Dr. JONES put her under his treatment, and with *one application* of the "spray" restored the bladder to its healthy action, which has been permanent.

One applica-
tion of the
spray
restored the
bladder to
healthy
action.

"April 16th, 1883."

"F. M.

Eighteen months after the above statement was written, the patient's health completely broke down, and the general paralysis so influenced her bladder that all the former trouble returned. The writer thereupon suggested her removal to London, for further treatment, but her father replied that her condition was such as to preclude all hope of relief, and that it would be impossible even to move her from her home—in Wales.

No. 57.

Tumour and misplacement of the Womb, causing incontinence of urine; mistaken and treated for inflammation of the bladder.

Miss H. H., aged 38 (but looking 20 years older).

Consulted the writer on July 9th, 1873. She was very feeble, and had to be assisted into the consulting room by a friend. Her face presented a worn and haggard

Incontinence
of urine due
to misplace-
ment of the
womb.

appearance, indicative of great suffering, and she was bent nearly double. She stated that while assisting in removing a carpet, a year before, she felt something give way, but as it caused no pain at the time, she did not take much notice of it. Next morning, however, intense pain came on in the region of the bladder, attended with constant desire to urinate. A neighbouring practitioner was sent for, who pronounced her to be suffering from "inflammation of the bladder," and treated her for that complaint for six weeks. She passed no water till the following evening, and then only a few drops, with great pain and straining. The abdomen began to enlarge, and had continued to do so ever since, and the urine constantly dribbled away from her, both by day and night. Occasionally slight ease was given by lying on the left side.

Wrongly treated by local practitioner for inflammation.

An eminent specialist in diseases of women ordered her change of air at the seaside. While on her way, in the train she was seized with intense agony, and had to be carried to an hotel in Tunbridge, where a doctor was sent for: he, upon hearing of the trouble she had with her bladder, prescribed gin-and-water, which aggravated her sufferings. From that time she had been steadily getting worse.

Eminent specialist advised seaside.

Another medical mistake.

Upon an external examination, the writer found a large hard circumscribed swelling over the abdomen—slightly moveable and very painful to pressure—extending as high as the umbilicus. Internal examination showed that the pelvic cavity was almost filled up with a hardened mass: the womb was only reached with difficulty, and was completely retroverted. The urethra and rectum were both very much projected. On introducing a catheter, one hundred and four ounces of urine was drawn off, and the patient experienced almost immediate relief from the extreme tension and indescribable discomfort caused by the overloaded bladder. Further examination revealed a fibroid tumour in the upper part of the womb, and this in all probability had,

Examined by the writer.

Who found a fibroid tumour.

by its weight, favoured its misplacement, which doubtless was caused by the strain in pulling up the carpet. The patient left the consulting room with far more freedom from pain than when she entered it, but was told that until the womb was replaced in position and the tumour removed, or reduced in size, the bladder would never be properly cured. The urine was highly albuminous, with a specific gravity of 1.005. The patient was ordered to Bolton House, 192, Clapham Road, where the writer had at that time a private hospital for women, and arrived there on July 12th. The abdomen had commenced to enlarge again, and the urine was still passing involuntarily, but she was herself looking and feeling better. The bladder was treated by means of the "spray" daily, and soon began to improve. The enormously distended condition gradually lessened, and the amount of albumen visibly decreased, until on August 30th, the urine had become quite normal.

Bladder improved by the spray.

The bladder symptoms being subdued, and the patient's general health improved, efforts were made to cure the tumour by puncturing it through the womb. As, however, this chapter is not intended to treat of uterine cases, it will be sufficient to say that the tumour was reduced to the size of an orange, and rendered inert. The womb was replaced in its proper position, and the patient has ever since enjoyed a fair measure of health, and her life been prolonged for 18 years, for it was hardly possible that she could have lived three months in the condition she was when first seen by the writer.

Tumour afterwards reduced, and womb replaced.

Enjoyed a fair measure of health.

The reduction in the amount of urine secreted from day to day will be seen by the accompanying table:—

Tabular
statement of
reduction of
urine.

REMOVED BY CATHETER.

<i>Date</i>	<i>Hour</i>	<i>Ounces</i>	<i>Date</i>	<i>Hour</i>	<i>Ounces</i>
July 13 ...	1.30 p.m. ...	90	July 23 ...	10.30 a.m. ...	15
„ 13 ...	11 p.m. ...	72	„ 23 ...	10.30 p.m. ...	18
„ 14 ...	10 a.m. ...	66	„ 24 ...	10.30 a.m. ...	15
„ 14 ...	10 p.m. ...	45	„ 24 ...	10.30 p.m. ...	18
„ 15 ...	10.30 a.m. ...	52	„ 25 ...	10.30 a.m. ...	15
„ 15 ...	11 p.m. ...	48	„ 25 ...	10.30 p.m. ...	17
„ 16 ...	10.30 a.m. ...	38	„ 26 ...	10.30 a.m. ...	14
„ 16 ...	10.30 p.m. ...	37	„ 26 ...	10.30 p.m. ...	16
„ 17 ..	10.30 a.m. ...	32	„ 27 ...	10.30 a.m. ...	15
„ 17 ...	10 p.m. ...	23	„ 27 ...	10.30 p.m. ...	14
„ 18 ...	10.30 a.m. ...	24	„ 28 ...	10.30 a.m. ...	17
„ 18 ...	10.30 p.m. ...	36	„ 28 ...	10.30 p.m. ...	14
„ 19 ...	10.30 a.m. ...	19	„ 29 ...	10.30 a.m. ...	19
„ 19 ...	10.30 p.m. ...	24	„ 29 ...	10.30 p.m. ...	14
„ 20 ...	10.30 a.m. ...	21	„ 30 ...	10.30 a.m. ...	17
„ 20 ...	10.30 p.m. ...	18	„ 30 ...	10.30 p.m. ...	17
„ 21 ...	10.30 a.m. ...	20	„ 31 ...	10.30 a.m. ...	16
„ 21 ...	10.30 p.m. ...	20	„ 31 ...	10.30 p.m. ...	16
„ 22 ...	10.30 a.m. ...	20	Aug. 1 ...	10.30 a.m. ...	14
„ 22 ...	10.30 p.m. ...	19	„ 1 ...	10.30 p.m. ...	16

It will thus be seen that the abnormal quantity of urine secreted by the kidneys, and which the bladder was unable to expel, became gradually and surely reduced. The “ Spray ” treatment was uninterruptedly continued, with the result that before the patient left Bolton House, the natural functions of the bladder had been restored.

Confirmation
of case.

The patient wishes to state that should anyone require confirmation of her case, it can be obtained by writing to the author.

WOMEN'S SPECIAL CASES.

THE subjoined cases illustrate the cure of disease in the *female* bladder, etc., and the attention of the reader is desired to the following preliminary observations—applicable more especially to cases where the disease is connected with sterility.

Observations
on Women's
Special
Cases.

These cases are often very complicated—having a variety of causes.

1. Irritability in *unmarried* women, when *unattended* with pain, and attended with frequent micturition (the urine being as a rule clear and not indicating inflammatory action), is generally sympathetic in its origin. Such cases are usually complicated with hysteria, and the primary cause is essentially uterine.

Bladder
irritability

2. Irritability of the bladder in *unmarried* women, *attended* with constant and painful micturition *without* the usual manifestations of hysteria, *i.e.*, urinary secretion clear and watery, without inflammatory indications. In these cases there is a morbid sensitiveness of the spinal cord, at the spot where the uterine nerves are given off. The symptoms are due to uterine disturbance, hence the treatment must be directed to the general health, spinal, and uterine systems.

3. Irritability of the female bladder in *married* women who have *not* borne children, or who are mated with aged partners, and are also sterile.

4. Irritability attended with considerable pain of an inflammatory kind, where the urinary secretion is cloudy and sometimes bloody. These symptoms appear in sterile women, married to men of suitable age, and are due solely to uterine irritation—a condition which the writer has called “disappointed womb.” It is only curable by removing the sterile condition.

Often
sympathetic.

The writer has frequently met with cases of the kind above referred to, which he has cured by removing the cause, without treating the bladder at all. The bladder symptoms are as a rule purely sympathetic.

The writer has met with such cases where all the usual forms of medical and surgical treatment had been applied—and in no instance has he been more *unsuccessful* than in cases where the treatment called “rapid and forcible dilatation” had been adopted. He recalls four cases—two in Leeds, one in Newbury, and the other (wife of a physician) in Birmingham. In two of them, the patients had been literally lacerated from the entrance of the urethra to the neck of the bladder, and rendered miserable for life. In both the urine dribbled away night and day without the slightest power of control.

Bladder
disease in
pregnancy.

In addition to the foregoing, there are cases of disease of the female bladder of a painful and inflammatory kind, occurring during pregnancy.

These cases are, as a rule, seldom cured by the modes of treatment ordinarily adopted. The consolation which patients get is, “Well, Mrs. —, you see the irritability is due to your pregnancy, and will pass off when you are confined.” They are treated by palliatives—opium, morphia, belladonna, etc.,—and by suppositories, warm baths, etc. Unless relieved by miscarriage, or premature labour (a common occurrence) the patient drags on a miserable existence until her confinement is over. No doubt in many cases patients get better after this, but where such treatment has been applied, there is always liability to a return of the disease, especially on exposure to cold, and cases of this kind not infrequently become chronic. So severe a form of the disease is, however, not of very frequent occurrence. In cases treated by the writer, one was under treatment for six weeks, and was cured within that time—another in five weeks—a third in four weeks and two days—a fourth in three weeks, and the last case (very advanced in pregnancy) was discharged cured after four weeks’ treatment.

but the writer felt a little uncertain whether this favourable condition would continue until the end of gestation. In the first four cases, the patients continued well till after they were confined. One of them has since had three confinements. Another three, and another one, and all without any return of their former distressing symptoms.

Most pregnant women suffer more or less from irritability of the bladder during the early months, the discomfort being merely a frequent desire to micturate, without pain, however, of an inflammatory character. Such discomfort is bearable, and is to a great extent under the patient's own control, and requires no particular treatment, save abstinence from fluids and stimulants. As pregnancy advances the gravid uterus is elevated (so to speak) from the pelvis and ceases to press on the bladder, and the irritation ceases.

Bladder irritability common in the early months.

But the cases now to be described differ very materially from those just referred to; and among them are those where it was not only desirable for the comfort, but important to the health of the patient, that relief should be afforded by the application of a treatment really curative.

No. 58.

Case described by the patient as "years of torture, not being able to sit, or lie in bed."

Mrs. S. B., aged 51, Peckham.

1. Her sufferings commenced in September, 1874, with what was called "inflammation of the bladder and bowels." Was attended by a medical man in the neighbourhood, and after six weeks of constant attention, she partially recovered, but felt very weak for a long time afterwards. 2. In the spring of 1875, she had another attack of the same character, only much more serious and unyielding in its nature, and prolonged in its duration.

Obscure bladder disease.

Severe
symptoms.

There was constant urination with forcing and burning in the bladder. She had on this occasion the same medical man in constant attendance for three months; the bladder symptoms never thoroughly left her, besides which her general health broke down. She was subject to colds and bronchitis, which her doctor said were chronic. Her condition was altogether very unsatisfactory till the early part of 1877, when another medical gentleman (Dr. H.) was sent for, who made a careful examination, and pronounced the case "ulcerated bladder"; he thought the bowels also "were covered with ulcers." At this time, besides having mucus in the urine, she had frequent discharges of blood and matter.

3. After a long and tedious illness she rallied somewhat, though still taking medicine for her bladder disease.

4. Early in 1878, she had a repetition of her former attacks. There were constant false attempts to urinate, while only a few drops of urine could be discharged. Medicine and other remedies did her little or no good; they relieved for a time, but all her former symptoms returned.

5. A change of air was now suggested—went to the seaside, but had soon to return, as bad, if not worse.

Varying
medical
opinions.

6. In September, 1878, her medical attendant recommended a consultation with Dr. G., who corroborated the opinion already given, and said she was suffering from "ulceration of the neck of the bladder." She was kept on milk diet till October, but got weaker and worse the whole time, so much so, that she took altogether to her bed. As Dr. H. saw she was losing ground under the physician's advice, he altered the treatment.

7. In November and December, she became worse in every respect; blood was passed in large quantities in the urine, and at one time as much as a pint of blood passed, which made her light-headed, and caused much alarm. Another consultation was suggested with Dr. G., which was held on Monday before Christmas day of 1878. Dr. G. encouraged her to look forward more hopefully to recovery. His directions were carried out for a month,

but she did not make much progress. Dr. H. again altered the treatment, and she got a little better, but still kept very weak. Not much progress.

8. The Soho Hospital for Women was next resorted to, where the doctor in attendance dilated the urethra, the shock of which made her so ill that her own doctor took her in hand again; he was of opinion now that she had neuralgia of the bladder and feared nothing would cure her. After prescribing a variety of means, he advised her to try her own native air—did so for a month, without the slightest benefit. Soho Hospital for Women—shock, but no benefit.

9. Ointments and lotions of all sorts were next applied, which occasioned burning and swelling, without affording any relief to her bladder. Dr. H. ultimately told her he could do nothing more for her.

At this period she was so bad, that in one of her letters she wrote—"For more than eighteen months I have had a wretched existence; no doctor that I have seen has done me any good, and I am told I have had the most talented physicians in London. Since hearing of you, my hopes are raised. I have been so ill at times that I could not sit, stand, or lie—my easiest position is sitting on the chamber, night and day, covered over with blankets. I am so constantly wanting to pass water, that it is useless to go to bed, for no sooner am I in, than I am obliged to get up again, though I only pass a drop or two at a time." Eighteen months of wretched existence.

Mrs. S. B. entered the Home Hospital on October 5th, 1880. A description of her symptoms at the time would only be a repetition of the above statement. She was put under the Spray treatment, to which she soon responded. Entered the Home Hospital.

Spray treatment—recovery.

Her husband, in a letter to the writer, after his first visit to his wife in the Home, said :—

"October 19th, 1880.

"DEAR SIR,

I am truly thankful my wife is under your care. She was much better when I saw her on Sunday;

"Quite
another
woman."

quite another woman. I have every reason to believe you will cure her.

"I remain, yours respectfully,

"S. B."

Mrs. S. B. made rapid progress during her residence in Dean Street, and returned home, cured, on December 14th, 1880.

On March 1st, 1881, in answer to a letter asking her to see a patient suffering similarly to herself, she wrote:—

"DEAR SIR,

Acknowledgment—
"wonderful
cure."

"I shall be most happy to see anyone you like to refer to me, respecting the wonderful cure you effected on my bladder, after two years and ten months of torture, not being able to sit or lie down in bed. I came to you for advice, and in ten weeks I was able to return to my home, quite cured. Previous to coming to your Home, I had received the advice of some of the best doctors in London, but all to no purpose, as I got worse every day. I shall ever feel grateful to you for what you have done, and will do all I can to make it known to other poor sufferers. Again thanking you for your great skill in my case,

"I remain,

"Yours gratefully,

"March 1st, 1881."

"S. B."

Continues
well.

The patient continues well up to this date, February, 1891.

No. 59.

Chronic and supposed incurable disease of the bladder, resisting all treatment until cured by the writer.

Miss H. E. A.

Chronic
bladder
disease—
"quite
incurable."

This patient had been under several specialists and other medical men, for a most intractable and painful affection of the bladder, which necessitated almost

constant urination. No one did her any good, and she was told that her case was "quite incurable." When completely worn out in mind and body, she happened to hear of the writer's great success in such cases, and came to him as a last resource, although not daring to hope for much benefit. She was placed under the "Spray" treatment, the result of which is shown in the two accompanying letters: the first was written twelve months, and the second two years and three months after being cured.

Heard of the
writer's
success in
such cases.

Spray
treatment.

"14, Imperial Square,
"Cheltenham,

"June 1st, 1882.

"MY DEAR DR. JONES,

"I have many times been intending to write to you, and fear you must almost have thought me ungrateful for not having done so. This has not indeed been the reason of my silence, for as each month has passed away, and I have had no return of my very painful and distressing disorder, I have lifted up my heart in deep thankfulness to my Heavenly Father, and to you, for the blessings I received in your Home this time last year. I thought I should be glad to record a longer period of relief from suffering, and I am happy to tell you I have been perfectly free from any return of the disorder, and should it be of any use to you, I shall be very glad for you to refer any one to me at any time. I was many months recovering my strength, and indeed until I came here, about three months ago, was scarcely able to walk. I can do more in this way now, though I do not make very rapid progress. I hope your own health has improved, and that in relieving others, you are not overtaxing your own strength.

Its success.

Complete
restoration.

"Believe me,

"Yours very sincerely,

"H. E. A."

"I am sending your address to a lady on the Continent, who has heard of the benefit I derived from your kind and wise treatment."

" 4, Argyle Terrace,

" Belgrave Road, Leicester,

" September 19th, 1883.

" MY DEAR DR. JONES,

Continued
health.

" Your kind letter has been forwarded to me here, where I am staying for a short time, before returning to Cheltenham for the winter. It is now two years and three months since I left your Home at Clapham, and I am most sincerely thankful to be able to tell you that I have had no return of my most distressing complaint since that time. I have many times been on the point of writing to tell you how I was going on, but from one cause or another have delayed doing so. To your skill and kindness alone, with the blessing of God on the means used, am I indebted for freedom from the great suffering I underwent for two years previously. No other medical man had in fact found out the nature of my disease, much less been able to relieve me, and indeed I am sure I could not much longer have lived had I not placed myself when I did under your care. I cannot write a 'case,' but I was unable for two years to go anywhere, not even to church, which I attempted three times, and each time was obliged to leave long before even a part of the service was ended. I used to be disturbed as often as thirty-five times during the night, each time in great agony, and with very little effect.

No other
medical man
had done
her any
good.

" Trusting you are well, and with kind regards to you and your family,

" Believe me,

" Very sincerely and gratefully yours,

H. E. A."

No return of
the disease.

This patient had no return whatever of her bladder disease. She died from a totally different complaint, as the subjoined certificate of death will show.

No.	When and where Died.	Name and Surname.	Sex.	Age.	Rank or Profession	Cause of Death.	Signature, Description & Residence of Informant.	When Registered.	Signature of Registrar.
484	October 13th, 1884. 14, Imperial Square.	Hannah Elizabeth Abbot.	Female.	68 years.	Gentlewoman.	Scirrhus of Liver and Intestinal Glands. Exhaustion. Certified by L. Winterbotham, M.R.C.S.	Selina Sibley, Half Sister, Present at the Death. 14, Imperial Square, Cheltenham.	October 14th, 1884.	Jno. H. Bennett Registrar.

Certificate of
death from
other
disorder.

Some time after this, the writer being in ignorance of the patient's death, wrote to enquire if she was still free from her old complaint. The letter was opened by a relative, and answered as follows:—

A relative's
testimony.

Mrs. ——— presents her compliments, and begs to inform Dr. JONES that his treatment of the late Miss ABBOTT was perfectly successful, there having been no return of the disease for which he treated her.

No. 60.

Bladder and uterine disease of fourteen years' standing, unsuccessfully treated in St. Bartholomew's Hospital; Hospital for Women, Soho Square; Middlesex Hospital; and the Homœopathic Hospital, Great Ormond Street, &c., &c.—Cured by the writer in six and five weeks respectively.

Mrs. L. A., aged 29.

Bladder and
uterine
disease of
long
standing.
Symptoms.

Consulted the writer on April 6th, 1878, and gave the following statement of her case.

1. Soon after her marriage in 1869, her monthly period left suddenly, and she became low spirited and weak; the abdomen began to enlarge, and it was supposed she was with child.

Treated by
eminent
authorities
in Cam-
bridge.

2. These symptoms were followed by profuse persistent discharge, which was treated by eminent authorities in Cambridge (where she then resided) without relief.

3. Coming now to London, and residing in Islington, she placed herself under medical gentlemen in that neighbourhood, who were equally unsuccessful with her.

At St.
Bartholo-
mew's.

4. She was now advised to go to St. Bartholomew's Hospital, and was out-patient there under Dr. G——, one of the physicians, and lecturer on "Diseases of Women"—she attended the out-door department some four months.

5. Feeling afterwards, however, the necessity of getting cured, she became an inmate of the "pay ward" in the Hospital for Women, Soho Square, on two separate occasions, of seven and eight weeks respectively, and was treated by Drs. P. S—, H. S—, and C—, besides attending afterwards for some time the out-door department. She was told that there was both misplacement and closure of the womb, and a stem pessary was applied, which caused great discomfort, producing strangury from 10 o'clock a.m. one day, till 10 a.m. the next day. It was then removed and substituted by a cradle pessary.

At the
Hospital for
Women,
Soho.

6. Soon afterwards the bladder began to trouble her; she had constant calls to pass water, attended by scalding pain and irresistible straining day and night, and accompanied by constant urethral discharge.

Symptoms
more urgent.

7. She was now transferred to the surgical ward, and placed under Mr. R—, who scarified the bladder, and introduced zinc points, stating that she was suffering from ulceration. She was in the surgical ward for about three weeks.

8. Getting no relief from the intense irritability of the bladder, and the medical and surgical staff not being able to relieve her, she was removed for one day to Middlesex Hospital, for a consultation with the physicians and surgeons of that institution, and although the diagnosis of her case was "doubtful," leeches were prescribed for her womb, and remedies for her bladder trouble. After allowing, as she thought, reasonable time for the remedies to act, and not considering them satisfactory, she again abandoned treatment altogether. Soon afterwards the patient went to live in Westminster with an invalid lady who was under the treatment of Mr. B—, Surgeon and Lecturer in Westminster Hospital, and the case was brought under his notice, but without any benefit from his treatment.

Removed to
Middlesex
Hospital.

Tried
Surgeon and
Lecturer at
Westminster
Hospital.

9. Not long after this her bladder suffering became greatly intensified; she had to urinate night and day every quarter-of-an-hour; the scalding pain and straining

Sufferings
intensified.

were much more severe, and the urine began to contain blood and matter. For many years her disease rendered her married life a perfect blank, and a most sorrowful one.

Applied to
the writer.

In this condition the sufferer applied to the writer as a last resource, being recommended to him through a patient from Bradford-on-Avon, who had been cured by his treatment. The bladder was at once subjected to the "Spray" treatment, which was repeated three times a week.

Spray
treatment
three times
a week.

First spray
"acted like
a miracle."

In six weeks
discharged
cured.

On June 17th, L. A. called on the writer to say she was perfectly well, and without repeating the effects of the various Spray applications from time to time, suffice it to say, in the patient's own words—"The first spray acted upon me like a miracle, and each time I came to you, I improved so rapidly, that in six weeks I was discharged cured."

Complicat-
ing ailment
cured in five
weeks.

The patient having had such success with her bladder affliction, consulted the writer in 1885 relative to the chronic discharge, which had persistently troubled her for fourteen years. She entered the "Home Hospital," and was cured in five weeks, and has continued perfectly well ever since.

The following letter, expressing a wish that it might be published, was received from L. A. on—

"May 1st, 1886.

"DEAR DR. JONES,

Acknow-
ledgment.—
Statement.

"I consider it my duty towards the public and towards you, to make the following statement of my case, which you are at perfect liberty to publish in any way you like, and for a verification of which, I am permitted to refer to the Matron in your Home Hospital, 10, Dean Street, Soho. I was suffering from womb disease from the year 1871 till 1885, and from a painful bladder disease, from the year 1873 till 1878. I did all I could to get cured. I first consulted surgeons of repute in Cambridge (where I come from) and after coming to London, I consulted surgeons in Islington. I then went to St. Bartholomew's Hospital, under a very clever

physician (Dr. G—), and afterwards I went into the pay ward in the Hospital for Women, Soho Square. From there I went for a day—at the request of Dr. E.— to Middlesex Hospital, where a consultation was held on my case by many of the physicians and surgeons of that institution.

“I afterwards went to the Homœopathic Hospital, Great Ormond Street, under Dr. C—, the Physician for Diseases of Women. I naturally thought that hospitals and doctors for special diseases, such as I suffered from, would secure for me the best advice, but strange to say, although I was only suffering from a discharge from the womb and bladder disease, no one I went to did me a bit of good, till I came to you. You cured my womb disease in five, and my bladder disease in six, weeks. Only just think, I was fourteen years, off and on, under doctors for my first complaint, and five years under treatment, off and on, for the bladder disease, and but for God’s providence in sending me to you, it is but reasonable to suppose I never should have been cured. I am not at all sure that the more painful of my two diseases (the bladder disease) was not brought on by the treatment I underwent for the womb, in Soho Hospital; at all events, it came on while the pessaries were being used.

“Should never have been cured but for you.”

“I should be sorry to find any fault with so good an institution, as I know a great many wonderful cures are made there, but they were quite unable to cure my womb or bladder. All the physicians and surgeons were very kind and attentive to me, and I am sure they did their best.

Patient’s opinion of the Soho Hospital.

“It is a strange thing, Dr. JONES, but do you know, when I tell some of my old doctors how clever you are, they say, “Dr. JONES practises Homœopathy, does he not? It is all humbug and quackery,” etc. I then tell them that the dictionaries must be all wrong, for the definition of ‘A Quack’ is ‘one who falsely professes to cure diseases,’ and as *you* do not pretend, but really *cure* (as you did me), the term “Quackery” belongs to

The reproach of practising Homœopathy.

their side ; they pretended to cure me, and signally failed, so the dictionaries must be altered.

Thankful.

“ I am so thankful for what you did for me, that I would build you a larger Hospital, and endow it as well, if I had the means.

“ I am, yours very gratefully,

“ L. A.”

No. 61.

Bladder disease, misplacement and sterility—wrongly treated by a hospital surgeon.

Madame R., aged 29.

Uterine
irritation,
first in single,
after in
married
state.

The following is a case illustrating uterine irritation in the *unmarried*, as well as in the *married sterile* female.

Symptoms
before
marriage.

The discomfort commenced before marriage, establishing one set of symptoms, and continued after marriage, establishing a different set of symptoms, both nevertheless due to uterine sympathy. For many years the patient suffered from frequent micturition unattended by pain, the urine being clear and *not* inflammatory, as in unmarried women predisposed to nervousness and hysteria.

Three years previously to 1879, when the writer was first consulted, the irritation suddenly became worse, culminating in a slight discharge of blood in the urine. This later symptom soon yielded to mild treatment, the patient being left with merely frequent micturition without pain.

Symptoms
after
marriage.

She married in 1874. Eight months afterwards she suffered pain of a more decided character extending from the region of the bladder to the left hip. Soon after she

took a violent cold, which aggravated her bladder discomfort, and brought on bearing-down and forcing pains in urinating. She had cold shivers, alternating with heat and fever. Dr. D., a neighbouring practitioner was sent for, but treatment was of no avail. Mr. C. H., hospital surgeon, now held a consultation with Dr. D., and said "she had a florid growth in the urethra," and removed it under the influence of ether, which did her good for a time. Former discomfort soon, however, returned, and her old symptoms of forcing, burning and intolerable pain were as violent as ever. "All these doctors did me no good," was her complaint. Another physician's treatment also proved fruitless of benefit.

Sufferings.

"All these doctors did no good."

When the writer first saw her she had been confined to her bed for five months. She was considerably emaciated—had a small and almost imperceptible pulse, 110 a minute—urine turbid and albuminous—micturition constant and painful, and passed with spasmodic violence. She said, "The urine stops every now and then, and comes on again." The writer diagnosed the case as due to a "disappointed womb," and treated it accordingly.

Five months in bed when seen by the writer.

After about a fortnight's treatment she was able to get out of bed a little, and in three weeks she was removed to the Home Hospital, 10, Dean Street, Soho. Under the treatment here applied, her severe symptoms soon subsided—she visibly improved in general health—her local symptoms disappeared one by one—spasmodic forcing pains first gave way—nights improved, slept for long intervals at a time—appetite returned—lost the yellow cast of countenance borne for so long a time, and in fact health was restored. She soon left the Home Hospital for her own home in Switzerland, where she has been ever since in the full enjoyment of health.

Out of bed a little in a fortnight.

Further improvement.

Health soon restored.

In less than twelve months after return, the writer received intelligence that she was safely delivered of a healthy child. Since then she has had a second child, and just previously to April, 1882, the writer heard from

Afterwards bore healthy children.

a friend of hers (Mrs. C —, Peckham), informing him that another addition to her family was then expected.

The old
routine
treatment.

It is to be remarked on this case that in the first instance the old routine treatment was adopted from beginning to end—medicines for the bladder (which was only sympathetically affected), removal of a “florid growth” which was an effect and not the cause, and sounding for stone by a surgeon of one of the principal of our metropolitan hospitals on the principles taught 30 years ago.

The following, extracted from the patient's letter, bearing date 13th March, 1881, verifies the writer's successful treatment :

“Switzerland.

Patient's
acknow-
ledgment.

“I left your Home Hospital in 10, Dean Street, on the 13th September, 1879, feeling confidence in what you told me, which came quite true. We left for Switzerland soon afterwards. At the end of October I found I was *enceinte*, when my bladder became a little troublesome, which no doubt was caused by my condition. I was confined on the 29th of June, and my bladder became better. Unfortunately, I was torn in my confinement, which has made me think that my bladder might be a little troublesome through that circumstance. November, 1880, arrived, and I was again *enceinte*. I often think of your telling me that ‘all nervousness would disappear if I had children,’ and so it has, but my kidneys are bad, which makes me feel I am not *quite* well. I must tell you that you *alone* had the talent to replace me on my feet after five months passed in bed. Hoping that this letter will find you in good health, I beg you, dear Doctor JONES, to accept the assurance of my high regard, and to receive the best wishes of my husband and myself.

“Yours sincerely,

“J — R —.”

Uterine misplacement (mistaken for tumour) producing disease of the bladder, and sterility.

Mrs. R., aged 28, married.—Sterile for three years.

This patient dated her discomfort from an early age. When a young girl she had been assistant to a greengrocer and had to stand about for many hours every day, and lift heavy weights. The labour connected with this led to serious disturbance in her monthly courses, associated with constant irritability of the bladder and repeated attacks of sickness. The bladder irritation, though very inconvenient, was not accompanied with much pain until she was married (at the age of 24), when serious symptoms quickly developed themselves, married life being extremely painful. Medical advice and assistance were sought. The ordinary family doctor, and subsequently several others were consulted, but without relief. Then the Hospital for Women, Soho Square, was resorted to. Her case was there considered a serious one. The medical men attached to that institution all agreed that she was suffering from ulceration of the womb—one of them also affirming the existence of a tumour “as large as an orange.” After remedies applied for two months, she was advised to enter the hospital as indoor patient, to which, however, she objected. Next Bartholomew’s Hospital was resorted to, the physician there (a specialist in diseases of women) saying it was lucky she had not impregnated, adding that she had a tumour and that there was no room for a child to come away. She received, however, no benefit from his treatment—his successor at the same hospital being equally unsuccessful, and he also said that she had a tumour as large as an egg. The writer was consulted on the 14th August, 1878, three years after her marriage. Her symptoms at the time were (1) bladder irritation gradually getting worse, signs of inflammatory pain, frequent urination with scalding pain, urine cloudy;

Uterine misplacement, &c. due to hardships in early life.

Bladder irritability

Medical advice without relief—at Hospital for Women, Soho, treated for ulceration and tumour.

At Bartholomew’s, a similar view—no benefit

Consulted the writer.

(2) constant pain in the region of the bladder; (3) a gnawing pain extending to the hips and loins; (4) constant nausea and dizziness of the eyes; (5) constipation attended with pain when the bowels were opened.

The true
state of the
case.

Treatment.

Improve-
ment.

Cured.

A careful internal examination revealed a swelling the size of a small orange in the hollow of the sacrum, while the neck of the womb was turned upwards and forwards. It was this swelling which had been mistaken for a tumour—it was in fact the fundus of the womb pressing on the bowel, while the neck of the womb pressed on the bladder, occasioning the discomfort complained of. The treatment adopted by the writer was directed to the removal of the sterile condition of the patient, the womb was replaced by gentle means, that is to say by gradually levering it to its proper position by means of cotton pads (not by pessaries as usually employed in such cases) and by attention to position. In the course of three months the unfavourable symptoms disappeared. In the fourth month signs of pregnancy presented themselves. This also contributed to the lifting of the womb from the pelvis, so that the bladder and lower bowel were left undisturbed—in other words, the patient was cured. In due course she was safely delivered of a healthy child and made a good recovery.

Since then Mrs. R. has given birth to six children, and is now (1891) in perfect health.

The above lady has lived in the same house in Bedford Row, Holborn, for twenty years, and will gladly verify the above statement if requested.

No. 63.

Chronic and "incurable" disease of the bladder, previously unsuccessfully treated in Russia, Germany, France, and England, by allopathic and homœopathic physicians.

Chronic
disease of
the bladder
regarded as
"incurable."

S. M., a lady advanced in years, was travelling from Paris to St. Petersburg by train in 1863, when a severe

frost set in, for which she was not suitably prepared. The sudden reduction of temperature during the journey occasioned—contrary to her usual habit—a painful desire to micturate (empty the bladder). To effectuate this during one stage of the journey was, however, impossible, by reason of the distance to the next station. On arriving at St. Petersburg considerable uneasiness and painful irritation was experienced, but, ultimately, after considerable difficulty, relief was obtained. The consequence of this retention was the establishment of constant irritation at the neck of the bladder—forcing pain and false attempts to urinate. This discomfort continued, despite the aid of able professional men. Various kinds of medicines prescribed by physicians gave only temporary relief. A change to Germany was now recommended, and a physician of the University of Heidelberg was consulted. Stone in the bladder was supposed to be the cause of the continued irritation, but an examination by “sounding” proved that such was not the case. The professor suggested various remedies and soothing fomentations. These failed even to give relief. The waters of Ems were suggested, and the most able physicians there were consulted. A long course of treatment resulted in similar disappointment. The next step was to France—Vichy waters were strongly recommended—a noted physician was consulted, and his advice strictly followed, but with no better success. Next a physician of world-wide reputation, in Luchon, in the Pyrenees, was resorted to, who prescribed sulphur baths and fomentations of famous herbs. Notwithstanding all these efforts her malady still gained ground and for some time she was unable even to walk without pain. Coming to England in 1865, she consulted several physicians of eminence, was examined at repeated intervals, and treated for “stone;” but still without any success. Being strongly advised by one of these English physicians to go into St. George’s Hospital, she did so; and, having been admitted there, underwent several painful examinations, and had the advantage of consulting the

Origin.

Symptoms.

Treated in
Russia.

In Germany.

Ablest
physicians
consultedAlso in
France
by noted
physician.In the
Pyrenees by
physician of
world-wide
repute.Again, in
England, by
physicians of
eminence.

medical and surgical staff. Of her hospital life the patient thus writes (and it may be here mentioned that, following the plan adopted in compiling these cases, the foregoing, as also most of the subsequently stated particulars, are taken from her own narrative):—"I conformed to the hospital rules for some time, but was no better; and the physicians failing to do me any good, were glad, I suppose, to get rid of me, and dismissed me, as my former advisers had done." She then proceeds to narrate the circumstances under which, with forlorn hope, and in the midst of much solitary suffering, she consulted another physician, whose advice she followed for about nine months, but without success. Then homœopathy was recommended, and with hope raised she consulted eminent physicians of that school—still, however, without beneficial result. After this a medical practitioner at Uckfield, in Sussex, was consulted, who liberally administered morphia, iron, and blue pill. She found herself, nevertheless, getting worse instead of better. Her narrative then proceeds:—"My suffering changed its character. Every now and then I was seized with spasmodic or cramp-like paroxysms of intense agony which made me scream. This would continue for one, two, and even three hours. At this time I hardly ever slept half-an-hour together—the extreme urging to pass water awoke me from 15 to 20 and more times during the night—and not unfrequently during the day I was troubled in the same manner, 10 or 12 times in an hour." Then, after detailing the hopeless and almost despairing condition of mind into which she had fallen, and the circumstances under which she had been led to consult the writer, she says: "I paid Dr. D. JONES a visit, who carefully noted all my varied symptoms; and the better to secure his personal attention I entered his Home. The first week passed without apparent difference as to suffering, but after that time I improved so rapidly that in three weeks and three days I went to church for the first time for years. The pain and all its inconveniences left me; no vestige of past suffering

Tried
eminent
homœo-
pathic
physicians.

A medical
practitioner
at Uckfield.

All unavail-
ing—worse
instead of
better.

Severe
suffering.

"Paid Dr.
Jones a
visit"—
entered the
Home
Hospital.

Rapidly
improved
after eight-
and-a-half
years of
suffering
—cured.

remaining. Thus, contrary to hope (humanly speaking), Dr. JONES was the instrument in God's hands of curing me after eight-and-a-half years continued suffering, and after so many attempts of other physicians, of unquestionable repute in Russia, Germany, France, and England."

This lady continued perfectly well for more than seventeen years after she left Bolton House, and had no return of her disease. She died, according to some of her relatives, at the age of 107 years. By another branch of her family, however, she was supposed to be 97 only. Her solicitor, Frederick Hughes, Esq., of Chapel Street, Bedford Row, who was acquainted with her from an early age, will willingly verify the foregoing statement, and, if requested, will furnish the names of the several physicians whom she had consulted. Some years before her death she underwent an operation for cataract by the late Mr. CRITCHET.

Continued perfectly well to extrem: old age.

No. 64.

Chronic and supposed incurable disease of the bladder, cured in six weeks.

Mrs. E. M. A., aged 54.

This case was very nearly identical with the case of S. M., above described. The symptoms were as severe, the duration of suffering was eighteen months more, its incurable character was equally marked, but the exciting cause was entirely different. The patient resided at 164, Piccadilly, premises known as "The Religious Tract Society."* She had lived there for upwards of 20 years, and is well known to the Secretary of the Society and the neighbours. Her suffering commenced ten years ago, during the "change of life," she being at that period 44 years old. The exciting cause she attributes

A similar case to the above—supposed incurable.

A sufferer ten years.

* For Mrs. A.'s present address see the Appendix.

Painful
symptoms.

to tripping accidentally against a door mat, and falling downstairs, which shook her considerably and brought on a pain in her side, as well as discomfort in the lower part of the abdomen. This was soon followed by irritation in the bladder at irregular intervals. Soon after, the irritation became more troublesome. Mrs. A—describes her sufferings thus: “I had to pass water at first three or four times an hour, which was attended with acute forcing or bearing-down pain, as if my inside would be forced out.” “These inconveniences,” she adds, “became more and more troublesome, the bladder having to be emptied every few minutes. For several years, at intervals, the irritation and constant urging to pass water were so severe that at night no sooner was I in bed than I had to get up again. Finding it useless to try to get a little sleep, I adopted the plan of propping myself outside, and on the edge of the bed, wrapped in blankets, with the chamber utensil conveniently placed; by this arrangement I was not so thoroughly roused from sleep. When going out of doors, I had to make preparations for it, and was compelled during the paroxysm of pain to cling to posts or railings, or anything I could get hold of. Occasionally I had to sit down on the doorsteps, screaming with pain.” In another part of her narrative she states: “My poor husband was so anxious about me that he spent over roo guineas in obtaining the advice of the most eminent physicians in London, who variously described my disease as inflammation of the neck of the bladder—chronic disease of the mucous membrane of the bladder—stone in the bladder—impacted stone—tumour pressing on the bladder—falling of the womb—gravel—disease of the nerves of the bladder—ulceration of the lining membrane of the bladder—malignant disease of the bladder, etc., etc. All agreed that I was incurable.” This patient (from whose narrative as in the former case these particulars are taken), afterwards became a patient of the writer. She was under treatment for six weeks, was discharged cured, and continues well without the slightest

Advice of
eminent
physicians—
various
opinions.

Treated by
the writer—
cured in six
weeks.

return of her old symptoms. She writes in a book recently presented to the writer, as follows :—"The gift of a grateful patient, E. M. A——, who had suffered from an internal complaint for ten years, had been an in and out-door patient of five hospitals and unsuccessfully treated by upwards of 20 physicians, and was cured by Dr. JONES in six weeks."

No. return of
the disease.

The hospitals to which Mrs. A—— resorted were, Guy's, St. George's, Middlesex, Hospital for Diseases of Women, Soho Square, and the Samaritan Free Hospital.

NOTE.

In this case, the writer did not in the first instance apply his own new method of treatment only, but the specifics (so called) in the allopathic and homœopathic pharmacopœas, though without success. As a homœopath, he can affirm that full justice was done to homœopathy and homœopathic remedies as used in such cases, and in further justice to allopathy, it may be stated that the old system was (as appears from Mrs. A——'s own statement) fairly tried by some of the most eminent practitioners in England ; concerning whom, and her case generally, Mrs. A—— has expressed her readiness to furnish any information which may be desired.

Remarks

Patient
ready to
furnish in-
formation.

No. 65.

An obscure case of bladder disease resembling cancer, previously unsuccessfully treated both by allopathic and homœopathic means.

Mrs. S. C., aged 53, married.

October 14th, 1875.—Her own statement of her case was substantially as follows.—She had been suffering

Obscure
bladder
disease
resembling
cancer.

Had suffered
five-and-a-
half years.

Doctors
differed, but
agreed the
disease was
incurable.

Had gradu-
ally got
worse.

Patient's
condition
when seen
by the
writer.

for five years and a half, her disease being, as she believed, exactly the same as that described in Mrs. E. M. A.'s case, which had come under her notice in perusing a previous edition of this work. The doctors differed in opinion as to the nature of her disease, and told her that she could not be cured. She was treated by an experienced homœopathic physician for twelve months. Getting no relief, she went to the Samaritan Free Hospiial for several months, without benefit. She afterwards went to St. Peter's Hospital for twelve months, still she got no better. Lastly, she went to another hospital (one inaugurated by a lady M.D.) for four months: one month as in-door, and three months as out-door patient—the result being negative, but rather an aggravation of her sufferings. Since the commencement of her disease she had been gradually getting worse. She had felt wretched and miserable in herself and was a trouble to others.

Mrs. C.'s appearance presented the characteristics usual in such cases. She looked pale, dejected, and worn out with pain, owing to an almost ceaseless straining effort to urinate. The writer's note-book records the following symptoms when first he saw her:—“(1) Has emaciated considerably during her illness; countenance sallow, resembling patients dying in the last stage of cancer—(2) pulse very small, weak, and frequent—(3) tongue furred on the dorsum; the anterior portion, and the edges, extending as far as the root, are red, irritable, and cracked—(4) has constant nausea and disagreeable taste in her mouth—(5) the urethral canal, extending to the bladder, is nearly closed, and it is with difficulty that a small catheter can pass; it is also thickened considerably (as thick as a thumb), and feels as hard as a cord, and very painful on pressure; the bladder bulges into the vagina, forming what is called ‘cystocele’ (projection of a portion of the bladder into the vagina)—(6) has considerable pain over the regions of both kidneys extending along the course of the ureters into the groins—(7) she can only partially empty the bladder—(8) the

urinary secretion is cloudy and deposits a thick sediment which under the microscope proves to be pus and mucus with a large quantity of spheroidal and tessellated epithelium with crystals of triple phosphates of ammonia and magnesia, such as is frequently seen in prostatic disease in the male—(9) the urine highly alkaline and albuminous—(10) has most of the symptoms complained of by Mrs. A.” (Case No. 64). The widespread implication of the whole viscus had occasioned extension of the mischief into the ureters (the tubes which convey the urinary secretion from the kidneys into the bladder), and from the ureters into the interior of the kidneys. This was evidenced by the albuminous condition of the urine. The kidneys were rendered incapable of removing urinary products from the blood. These irritating secretions were partially retained, occasioning the constitutional symptoms from which the patient suffered; in other words, there was a degree of uræmic poisoning which is common in “Bright’s disease of the kidneys,” which proves fatal in thousands of cases annually, and to which Mrs. C. must have succumbed had not the *cause* of her disease been discovered and removed. Clearly the above case presented very grave peculiarities and complications, and was (so far as any ordinary plans of treatment went) utterly hopeless, and must soon have proved fatal. This conclusion was fully justified by the then unfavourable results. Allopathic and homœopathic physicians alike pronounced her incurable, and her bountiful friends beginning to feel the drain on their resources, threatened to withdraw their help when they saw that no benefit was derived from their generous outlays.

Grave
peculiarities
and compli-
cations.

Under these circumstances, and the patient believing the case to be within the reach of the writer’s treatment,—a belief in which he greatly encouraged her,—he gave her a free admission to his Private Hospital for Women. She entered, much against the wishes of her friends, and, to their astonishment, returned home in four weeks cured. After a few weeks she fancied she had a slight

Free
admission to
the writer’s
Private
Hospital for
Women—
cured in four
weeks.

Continued
well.

relapse. Two more applications with the "Spray," however, completely cured her, and she continued well up to 1881.* When once the *cause*, which was in the bladder and urethra, was removed, the kidneys, which were only *secondarily* affected, soon got well. The back pains complained of shortly vanished, and the urinary secretion quickly gave evidence that the kidneys were doing their work healthily, and as a general result, the haggard, worn-out aspect gave place to a healthy hue and happy countenance.

Verification.

This case is well known to a large number of friends at St. Peter's Park Baptist Chapel, the minister of which is ready and willing to verify the above statement if requested to do so.

No. 66.

Chronic bladder disease of six years' duration, occurring after confinement.

F. T., aged 28, married, and mother of four children.

Chronic
bladder
disease after
confinement.

April 12th, 1880, stated as follows:—"I have been ill since my confinement six years ago, and have been to several doctors who have done me no good: they do not seem to know what the disease is. It came on three days after my last confinement. My own doctor treated me without success for some time—when, thinking myself a little better of moving about I found myself worse. The doctor tried a great many different remedies but without avail. I was now sent to the Hitchin Infirmary, where I got worse the whole time I remained, viz., three months. Deriving no benefit I thought it was no use to continue any longer. I suffered great pain and had to pass water every few minutes night and day. I lived on in this way for two years, and being only a poor man's wife I felt it all the more,

Treatment
by local
doctor and
at Hitchin
Infirmary
unavailing.

Lingered on
for two years
in great
pain.

* On two or three occasions she was somewhat inconvenienced by another disease.

as I had to neglect my husband and children. Getting worse and worse, the rector of our parish took my case up, and was very kind to me, and wrote me a letter to take to the doctor I had been under for three months on a former occasion. He paid me every attention, and said he had done all he could for me and hardly knew what was the matter with me. I was under his treatment on this occasion for two months longer, still without relief, and accordingly left off doctoring again. I lingered on this time in great agony for another year, and became pregnant again. I suffered at this time more than ever. I thought I must have died before my confinement, but everybody kept telling me I should be better when the child came. I got over my confinement better than I expected, but my sufferings were very great day and night.

Tried former doctor again without result.

“At the end of three months I got much worse and was advised to go to another doctor in Hitchin. I told him the doctors I had been under, and asked him if he could really tell me what my disease was. He replied that he thought it must be severe ulceration of the bladder, and he examined me very carefully on two occasions during the five months I was under his care, but he did me no good; no one did me any good; I did not even get relief. I think I became worse after the treatment of every doctor I was under. At this time I had more burning pain than ever—I can only compare the pain as if boiling water was passing from my bladder. I had sometimes to go every three or four minutes, but usually six to seven times an hour. After five months doctoring I tried another doctor living in Halsey. This doctor thought I had stone, and examined me for stone twice but found none. I gave him three weeks’ trial, and took his medicine regularly without any relief. He said he did not really know what my disease was—the disease was ‘a very curious one.’ It is just two months since I left off his treatment and have come to you to see what your skill will do. I have no faith in you or any one else now, but as The Rev. Mr. M— urged upon

Worse after next confinement—another doctor.

Severe symptoms.

No faith in anyone.

me to come, I have no objection to let you try what you can do."

Came to the
writer—
Spray treat-
ment.

The writer, after making notes of the case in his case-book, administered the first "Spray," but before doing so, the patient was asked to empty the bladder, which she tried to do. Catheter introduced—eight ounces of muddy and ammoniacal urine drawn, which upon standing deposited 50 per cent. of mucus and blood. The clear fluid contained 5 per cent. of albumen, the usual test of heat and nitric acid having been applied.

Better.

April 15th.—Second interview. She said, "I am really better, I slept more last night and the night before than I have since my illness, I am better also in the day time." Drew by catheter same quantity of urine of same character as before, but clearer, and on measurement it yielded only 30 per cent. of mucus or muco-pus.

"Thankful I
am getting
well."

April 19th.—Third interview. She said, "I am so thankful to tell you that I am getting well. I slept from 10 o'clock last night till 4 this morning, and when I passed water it was clear and gave me no pain in passing. I have also been out for a walk with my sister, and walked a mile and a half without much fatigue. I only passed water four times the whole of yesterday, and this I did without any pain." Emptied her bladder—catheter introduced—about an ounce of urine only remained—the urine still a little cloudy—slightly acid—deposited 1 per cent. only of mucus—only slight traces of albumen—scarcely distinguishable by nitric or picric acids.

"Quite
cured."

April 22nd.—The patient states she is "quite cured, I slept from 10 o'clock till half-past 7 in the morning, which I have not done for years. I go out every day and walk like anyone else"—told to empty her bladder—this done, showed that the function of urination had quite returned. She said, "the urine is perfectly clear, I sleep all night without being disturbed and I do a great deal of walking during the day." The patient was told to come again in about a week.

April 29th.—The urine examined—normally acid, and of the specific gravity of healthy urine. She walks out daily, eats her food naturally and has gained flesh. Discharged cured (in less than three weeks) but for safety advised to remain with the friend she was staying with for a week longer, and to call on the writer in case of any of her former symptoms returning. She accordingly remained with her friend, Mrs. M——, Victoria Road, Holloway, for about a week.

Discharged,
restored, in
less than
three weeks.

The patient's friend, whose address is appended above, will be glad to verify the truth of the above statement if requested to do so.

Verification.

The following is a letter received from the Rev. Mr. M——, the gentleman who sent the patient to the writer :—

“ October 20th, 1880.

“ MY DEAR SIR,

“ The young woman you so kindly treated at my request wished me to write and inform you that she continues *quite well*, and has not had a *single pain* of the kind for which you treated her, since she came home. Full of gratitude for the wonderful cure so quickly wrought, she is anxious that you should make some use of her case, for the benefit of others. She also wishes me to say that she would be pleased to answer any questions, go anywhere, or do anything in her power to induce any poor sufferer in a similar condition to try your skilful treatment.

Continued
quite well.

“ It is certainly a very remarkable case. For six years her sufferings were most distressing, no relief could be obtained either at home, or at the hospital. When I wrote you her case appeared hopeless, and when, at the end of one month, you sent her home cured, I was still afraid the relief was only temporary. She is, however, *perfectly well*, and says she never enjoyed better health in her life than she does now. I have known the case from the commencement, and if you are disposed to

“A very
remarkable
case.”

publish any statement respecting it, shall be pleased for you to make use of my name, or to answer any enquiries that may be addressed to me.

"I am, Dear Sir, yours sincerely,

"D—— M——."

Some years having elapsed since she returned home, it was thought desirable to communicate with the gentleman who sent her to the writer, to know her state of health at that time. The following is a reply:—

"January 19th, 1889.

"MY DEAR SIR,

"Appears years younger"—
"not the slightest inconvenience."

"I found F. T. *quite well* and at work. Her cure is so complete that she appears years younger than she did, and tells me there has not been the *slightest* inconvenience since she came home. She may well be so desirous of inducing any other poor sufferer to come to you. She is daily expecting to be confined.

"I am, sincerely yours,

"D—— M——."

No. 67.

Bladder disease due to uterine mischief—unsuccessfully treated by practitioners of both schools.

Mrs. M. C., aged 33.

Uterine mischief—peculiar case.

This case was very peculiar, and deserves special and extended extracts from the writer's notes. The patient's experience during many years of suffering (as stated by herself) may usefully be summarized, in the first instance; the application of the treatment which effected her cure may then be described and a few general observations added—observations suggested by certain pathological features which the case presented.

Suffering from irritation of the bladder, she had gradually become worse, and down to the year 1876, three confinements (with still-born children), six miscarriages, and one healthy living born child, characterized her married life. In 1872 she became pregnant, which condition made her bladder disease more troublesome than usual, and a homœopathic physician was consulted. His treatment of her case as one of "coming down of the womb," being without benefit, he ultimately recommended change into the country. While there (at Middlesbro', in Yorkshire), Mrs. C. was seized very suddenly just before dinner with unusually severe symptoms, accompanied by "dreadful, awful torture," constant desire to pass water with intense forcing pain, extending to the back passage, hips, back and groins—pain "ten times worse than that of child-bearing." Dr. P., of Middlesbro', attended her for "acute inflammation of the bladder;" but six weeks' treatment not affording relief, she returned to London for further advice. The journey was exceedingly trying and fatiguing, the constant desire to urinate being attended with spasms so severe that she nearly fainted several times while in the train. On reaching her residence she sent for her usual medical attendant, who visited her and prescribed hot fomentations and opiates, without benefit. He consoled her, however, by saying that he hoped she would be better after her confinement which was expected in five months. After five long months of terrible torture she was delivered of a still-born child. Her bladder symptoms, however, were in no way better, but a great deal worse, and laudanum injections were essential in order to obtain ease and a little sleep.* After three months' further unsuccessful treatment he told her he did not know what more to do for her, did not understand the nature of her complaint, and had never during the whole of his experience met with a case

Bladder
irritation.

Worse in
pregnancy.

Homœo-
pathic and
allopathic
treatment
alike with-
out benefit.

Unusually
severe
attack.

Further
confinement
—bladder
irritation
worse.

* Mrs. C. informed the writer that her suffering was so great that she took chlorodyne for a year-and-a-half, and for the last six months before she saw him she had taken 60 drops three times a day.

Obstetric
physician of
Guy's con-
sulted.

Another
homœo-
pathic
physician.

"Could do
no more."

Urgent
symptoms—
hard to
endure.

Hospital for
Women,
Soho.

so persistently unyielding to the remedies he had been using. Expressing great regret, he urged recourse to some hospital physician who had made a special study of female diseases. The late Dr. P., obstetric physician of Guy's Hospital, was accordingly consulted. He pronounced the cause of all her discomfort to be "misplacement of the womb," and recommended an instrument (a pessary), which was introduced and worn, but gave no relief, and in December, 1872, her sufferings became intolerable. In January, 1873, another homœopathic physician was consulted. By his advice the instrument she was wearing was removed, and rightly, as will be seen from the sequel; but after treatment for five months he also expressed regret that he could do no more for her. She describes her sufferings at this time as "continued torture." She says, "night and day the desire to pass water was repeated every few minutes, attended by cutting, burning, urging pains." She also adds, "my eyes, during these terrible paroxysms, seemed to be violently forced out of their sockets; my back and hip bones felt as if they were being wrenched asunder, forcibly reminding me of the grinding pains of labour. To bear the pains during these severe spasmodic attacks, I found relief by pressing the knuckles of both hands on any hard substance, as a table: this I repeated so often that corns were formed on my knuckle-joints."

The next visit was to the Hospital for Women, Soho Square. The physician in attendance treated her for "falling of the womb," and applied a pessary, saying, in reply to a doubt expressed by the patient, that "the pain she had in urinating and the frequency were occasioned by the womb pressing on the neck of the bladder; and that as the womb went into its proper position, the bladder symptoms would get well." The patient attended the hospital regularly until the day before it closed for repairs, in September, 1873. It was at this juncture that Mrs. C., then residing at Lewisham, had personally to transact a matter of business away from home, and not being able to go in any kind of

carriage, as shaking increased her suffering, she "crawled out," but was obliged every few minutes to enter shops, begging permission to ease herself. At one of these, the shop-keeper (Mrs. H.), seeing her distressed condition, and sympathising with her, strongly urged her to consult the writer, and at the same time handed her a copy of his pamphlet on "Diseases of the Bladder, cured by a New Discovery." This resulted in her seeking his aid. When Mrs. C. consulted him, though only thirty-three, she appeared at least ten years older, and as usual in such cases her body inclined forward to relax the muscles of the abdomen, and thus relieve pressure on the bladder. This condition, as well as the oft-repeated doses of thirty to eighty drops of laudanum which she had been in the habit of taking, accounted for her sallow, haggard and worn-out appearance.

Sad condition.

Recommended to the writer.

The case required a succession of operations which were always conducted under the influence of anæsthetics. Improvement began after the fourth application; after the fifth the "awful pain," as she described it, entirely left her, though frequent desire to micturate still continued both day and night for a considerable time; but this the patient "did not mind so long as the *pain* did not return." The improvement was only very gradual, yet in four months she had occasion to pass water three times only during the night; during the day no inconvenience was suffered, and at the end of five months the case was cured; but for precaution, treatment was continued another month.

Succession of operations required.

Gradual improvement.

Cured in five months.

Her husband on returning home from a long voyage found her, contrary to expectation, quite well. When subsequently signs of pregnancy presented themselves some of her old symptoms threatened to return, but no severe pain; the comparatively slight irritation felt being attributable to her pregnant state. In due course she gave birth to a full-time healthy child. Some months after this bladder symptoms again caused a little uneasiness, which was effectually removed by the application

Slight relapses.

Remedied
by a few
more sprays.

of a few more Sprays, and in November, 1876, she was apparently perfectly cured.

Observations.

The peculiarities of Mrs. C.'s case call for special observation. All the medical gentlemen (one excepted) consulted on her case previously to the application by the writer of the treatment which effected the cure, concurred in the opinion that her bladder disease was due to "falling of the womb." Now, it is a well-known fact that usually when "falling of the womb" causes pressure, and the woman becomes pregnant, the womb ascends from the pelvis (the bony cavity in which the womb and bladder are placed), thus removing both the pressure and its attendant inconvenience. In the present instance, however, the patient became *worse* as gestation advanced, the instruments introduced (the pessaries) doing no good, but positive harm. It is astonishing how many of these patients present themselves with all sorts of clumsy mechanical contrivances, showing how various have been the unsuccessful attempts to effect a cure. The constant straining, bearing-down pains experienced in bladder diseases dislocate the womb; in other words, the uterine misplacement, "falling of the womb," is the *effect*, not the *cause* of the bladder mischief. It is not intended by this to convey the idea that "falling of the womb" does not *occasionally* produce bladder inconvenience: but the *majority* of bladder diseases in women are not attributable to that cause (falling of the womb). Mrs. C.'s case well illustrates this. Previous to her cure, nine pregnancies resulted in three still-born children and six miscarriages. After her bladder disease was cured she gave birth to a full-time healthy child—the object of her heart's desire. Explanation of all this is found in the anatomy and physiology of the uterine system. The same plexus of nerves, "hypogastric plexus," supplies the rectum (the lower bowel): hence the sympathy existing between all these organs; hence too, when impregnation takes place, women commonly enough experience irritation of the bladder sympathetically; but this is quite

independent of any mechanical pressure caused by the enlarging uterus, inasmuch as this kind of bladder irritation occurs during the first few weeks of pregnancy, while the womb is as yet too small to produce irritation of the bladder through pressure. Certainly a converse sympathetic condition sometimes exists through pregnant women inadvertently taking strong aperient medicine; in this case the irritant acts on the rectal branch of the hypogastric plexus, and the irritation set up is thence conveyed to the gravid uterus through the uterine branch of the same plexus, and premature labour is oftentimes the consequence. Many married women, seemingly barren, have borne children after the removal of a slight bladder disturbance, and this in cases where uterine treatment had proved of no avail.* The truth is that comparatively little is known by the medical profession respecting bladder pathology; and hence bladder diseases in both sexes remain uncured, and scarcely to any appreciable extent relieved by ordinary treatment. If physicians more generally made *one disease* only their special study, something like accuracy of diagnosis in special diseases would be attained, and suitable treatment applied.

Little known
by the
medical pro-
fession of
bladder
pathology

Notwithstanding the writer's large experience and practice in connexion with the peculiar and intricate diseases of the bladder, and the successful application of the treatment—to the discovery of which he was led by careful study—he feels, as mentioned elsewhere (p. xi.) that more time, systematic study and careful practice, are still needed before he can adequately present the subject or his mode of treatment to the Profession generally. In Mrs. C.'s case, the patient was under the personal care of the writer for six months, and for some time he despaired of curing her. The patient's statement, "I felt I could not hold my water another moment—my desire came on suddenly, just as I was going to take tea,"

The writer's
treatment.

* The writer had the good fortune to treat a case of this kind successfully after three obstetric celebrities in England, France, and Scotland had unsuccessfully treated the case of the barrenness as uterine.

reminded the writer that the descent of stone from the ureter into the bladder, generally comes on precisely as the patient described her case; her disease, however, was not stone. But careful observation, steady perseverance and special noting and study of each peculiarity and minutia, gave the keynote. The case had been one of long duration, severe symptoms apparently only coming on suddenly. This is frequently the case in many dangerous diseases and derangements of vital functions.

The sudden-
ness of
disease.

The suddenness of the disease is sometimes to the bladder what the "last feather" is to the "camel's back." It is so in acute pleurisy, which not unfrequently ushers in an attack of pulmonary consumption. It is so with active hæmorrhage from the lungs (spitting of blood); the tubercular mischief, perhaps of years' duration, is the *cause*. It is quite an error to suppose that spitting of blood comes on primarily and consumption secondarily. It is true no very marked symptoms of consumption evince themselves before spitting of blood sets in; but the disease has been dormant perhaps for years. The first serious *visible* symptom is spitting of blood, which is simply the effect, not the cause. It is so with disease of the prostate gland in the male. The sudden acute pain attended with retention of urine is only the *effect* of a long-standing enlargement of the prostate gland.

No. 68.

Disease of the bladder and urethra—misunderstood by eminent hospital surgeons and medical men of repute.

Mrs. T., aged 68.

Disease of
bladder and
urethra.

Three years'
duration.

Unsuccess-
fully treated
by local
practitioners
and eminent
Surgeons.

Consulted the writer on the 24th April, 1879. Her sufferings had been of three years' duration. She had been attended by several medical practitioners, not only without cure, but with little or no relief. The case had been thus treated by two local practitioners and by two eminent surgeons attached to two of our principal metropolitan hospitals. The enlightenment of the patient

amounted in effect to this (using her own words) that "I had no stricture, cancer, or tumour, but they did not tell me *what* was the matter with me." When Mrs. T. consulted the writer he told her, after a careful examination, that he could cure her by a surgical operation. She at that time refused her consent, desiring first to mention the matter to one of the surgeons previously consulted. On doing this, and telling him that Dr. JONES had said he could "cure her by an operation," the reply was, "Well, Mrs. T., all I can say is that no *respectable* medical practitioner would do more for you than we have done at your age." This prevailed for a time, but after considerable delay, the treatment pursued by two of these "respectable" medical practitioners still continuing ineffectual either for cure or for permanent relief, Mrs. T. became for a time an in-patient at Bolton House, Clapham Road. While there she was very ill and intensely nervous, and declared that she could not then undergo the treatment. It was accordingly arranged that the writer should attend her at her own home. The symptoms of her case were very severe—(1) Frequent total retention of urine, so much so that she was obliged to have it drawn four times on one occasion at very short intervals with instruments—(2) Constantly recurring desire to urinate ; for instance, ten times during the night, and in extreme pain—(3) Spasmodic contraction and relaxation of the sphincter situated at the neck of the bladder (a small muscle that regulates the discharge of urine).

Professional
"respect-
ability."

Severe
symptoms.

After short preparatory treatment, a day was fixed for operation, the principal object of which, as practised by the writer, is at once to remove the *cause* of the sufferings and with a minimum of danger.

The patient was placed under the influence of ether, and the operation was performed in the presence of two other medical gentlemen, the result being eminently successful.

Operation
by the
writer.

The patient experienced very slight inconvenience and made a rapid and very satisfactory recovery.

Satisfactory
recovery.

No return
of disease.

From early in the year 1879 to the end of 1881, the patient had no return of her former disease and during that period Mrs. T. saw the writer twice only, once to present him with a subscription for the Free Beds of his Home Hospital, and on another occasion to be relieved of a slight cold which she was afraid might affect her bladder, but which did not do so.

No. 69.

Chronic disease of the bladder and incipient Bright's disease of the kidneys.

A. L., aged 41, spinster.

Chronic
bladder
disease with
complica-
tions.

Under
medical
treatment
two years.

"Perfectly
useless."

Consulted
the writer.

Condition.

April 3rd, 1878.—The writer's notes of this case furnish the following:—Has been suffering for four years from intense irritation of the bladder, which (to use her own language) "has become worse and worse, and now it is dreadful to bear." She has been under medical treatment constantly for two years. Her suffering had been of gradual growth. She did not think much of her discomfort at first, as it only amounted to greater frequency in passing water, increasing, however, both day and night. Her symptoms gradually changed in character; burning pain was soon added—ultimately "bearing down," throbbing, and indescribable discomfort. Has been under the care of several doctors with only very partial relief. For the last two years, finding medical treatment "perfectly useless" (as she said), she had done the best she could by simple means, patiently resigning herself to her sufferings. At the time when she consulted the writer, she urinated every five minutes during the day, with great pain and forcing, having to get up many times during the night without effect. The urinary secretion is cloudy and full of threads and clots of mucus; it is highly alkaline, and smells ammoniacal. There are also traces of albumen—the specific gravity 10.16. Since the urine has become more cloudy she has

complained of pain in the loins, giving evidence no doubt of the kidneys being implicated; the specific gravity and albuminous state of the urine shows this. Administered a spray, and told her to come again at the end of a week.

Spray
adminis-
tered.

April 10th.—Seven days after the first application she greets the writer with a smile, adding, “I am better; I have gone as long as an hour without passing water, and when I do so, it is not attended with so much forcing and bearing-down pain.”

A smile—
“better.”

April 13th.—She says, “I am so much better, sir. I have gone two hours, and the pain has *quite* left me.”

May 18th.—“I am quite well; indeed, I have been well for the last fortnight. I only pass water four times a day, and once during the night. I should not have troubled you to-night, only that we are going out of town, and I thought I should feel more satisfied. My affliction has made me so nervous that I cannot make up my mind that I am cured, as it is only six weeks since I first came to see you.”

“Quite
well.”

Being written to to ask if she continued well, she sent the following reply:—

“Belsize Park, July 3rd, 1878.

“DEAR SIR,—I am most happy to say that I consider myself perfectly well. I cannot find words to express my gratitude for the kindness and benefit I have received at your hands. I can *never* repay you, even if I had the means to do so. Will you please, sir, to accept my poor, humble, but *most grateful thanks*?

Continued
well.

“I am, your obedient servant,

“A. L.”

April, 1882.—A. L. continues quite well up to this date, more than three-and-a-half years since she was cured.

Chronic and (supposed) incurable disease of the bladder and womb, unsuccessfully treated by allopathic and homœopathic means.

Mrs. E. L., aged 35 years.

Chronic disease of bladder and womb. Eight years under homœopathic and allopathic treatment.

Aggravated symptoms.

Cured by the writer in six weeks.

This patient consulted the writer in the year 1878. She had been suffering for eight years, and although under medical treatment for the greater part of that time, both allopathic and homœopathic, yet without cure or even permanent benefit. In the subjoined letter (which somewhat fully describes her case, she says, "It is only since I have placed myself under your care that I know the happiness of being free from suffering," adding, in another part of the same letter, "I only regret that I should so long have allowed the opinions of prejudiced professional and other persons to prevent me consulting you." Her symptoms were of the most aggravated kind—constant urination night and day—severe burning, spasmodic attacks lasting for a lengthened period, attended with bearing-down pain attributable to uterine complication. The treatment employed was purely local and mechanical, and effected a perfect cure in six weeks, thus making it manifest that the patient's continual sufferings whilst under the treatment of her former medical attendants, during the preceding eight years, must be attributed either to inaccurate diagnosis or inappropriate treatment of her case.

The subjoined letter was subsequently received from the patient with full liberty (as will be seen) to publish the same.

Three years afterwards, perfectly well.

During a tour through Hampshire, in the summer of 1881, the writer called on Mrs. L. and found her perfectly well. In answer to questions relating to her health, she replied, "I am quite well, and have not had an ache or pain since you cured me. I got over my confinement without any return of former symptoms."

“ Southampton, 19th December, 1878.

“ DEAR DR. JONES,—I sincerely hope that my long silence has not caused you to think that I have so very soon forgotten ‘ Bolton House ’ and my associations with it during the three months I was a patient there. The gratitude I feel for the kindness and comfort experienced as well as for your skilful medical treatment cannot be expressed. My only reason for not writing before has been that I might be able when I did so to speak with greater confidence and assurance of the cure effected. I have now been home six weeks during which time I have been busily engaged with domestic duties without having had the least return of my old symptoms. I have been quite free from pain and feeling quite well. When I contrast this happy state of experience with the eight long years of almost continual pain, which when I was seized with a spasm amounted to indescribable agony, and then think too of all the weariness, debility, inconvenience inseparable from a diseased state of the bladder, I feel deeply and intensely grateful to God who directed me to place myself under your treatment, and also to *you* as the instrument in His hands for effecting so happy a result. My first illness from this dreadful malady took place in 1870—it was brought on by getting up too soon after a miscarriage and by taking a severe cold. I was under allopathic treatment for three years, but experienced very little benefit; the latter part of the time I grew worse rather than better. This being the case, I determined to try homœopathy and informed my doctor of my intention. He kindly expressed a wish that I might derive benefit from the change of treatment, but said that he had very little hope that it would be so; on the contrary, he feared I should never be cured. Much depressed and almost in despair (for at this time I was a fearful sufferer), I consulted Dr. C——, a clever homœopathic physician. He cheered by assuring me my case was by no means hopeless—that he considered it curable. Three months of his treatment effected more than all before; but still the disease was far from being

Acknowledgment.

Happy experience after eight years of pain.

Origin of illness.

Experience of other doctors.

conquered. Through his removal to a distance I subsequently consulted two other homœopathic physicians. I derived great benefit, but only up to a certain point beyond which I never got, having always more or less pain when urinating, great debility, and occasionally those dreadful spasms already referred to.

Testimony
to the writer.

“It is only since I have placed myself under your care that I know the happiness of being free from suffering. I quite believe that the bladder affection was perfectly cured in a month and that I should have left Bolton House in that time had it not been for the misplacement of the uterus, which you discovered and also cured.

“I shall but consider it to be a pleasure as well as a *duty* to recommend your treatment to those suffering in like manner, and shall always most willingly give my testimony to any that may be referred to me. You are quite at liberty to publish any extract you may think proper from this letter, and I hope this may be of use in inducing others to consult you. I only regret that I should so long have allowed the opinion of prejudiced professional and other persons to prevent me consulting you.

“Trusting that your life may be preserved many, many years to be a blessing to sufferers,

“I am, dear Dr. JONES,

“Yours faithfully,

“E. L.”

Willing to
communi-
cate.

“P.S.—I should prefer my initials being used rather than my name in full; but you are at liberty to give my name in full to anyone desiring to communicate with me.—E. L.”

The above lady continues perfectly well up to going to press.

Disease of the bladder in a very elderly widow lady.

E. D., aged 77 years.

This patient consulted the writer on the 29th September, 1881. She was accompanied by a friend. From their statements (noted at the time) it appeared that Mrs. D. had during seven or eight months been under private allopathic and homœopathic treatment, and in the Bloomsbury Dispensary and the Homœopathic Hospital, Great Ormond Street,—her last ticket there being numbered 148,582, and dated August 30th, 1881. Mrs. D. said:—"None of the doctors appear to me to know what is really the matter with me, and called my disease by such different names. Some say I have a cancer, others that it is old age and that at my age I ought not to expect to get well; others inflammation of the bladder; and as I get no relief I suppose they don't know what it is. Hot fomentations have given me more relief than all their medicine." Other notes respecting this patient show the following: Comes from a long-lived family—her mother died at 94—has now a sister living 91 years old, and says, "I might attain a similar age if only I could get cured of my painful disease." She attributes the actual commencement of her sufferings to an accident—falling down stairs—and, when consulting the writer, described her symptoms thus:—"I pass water every half-hour during the night, but am always better in the day time, and don't pass water quite so often. I am seized with a sort of spasm, which is killing me. No one can tell how dreadful my sufferings are who has not seen me during my long suffering. The constant straining and want of sleep at night is dreadfully trying. One would think that doctors ought to give me *some* relief. Do you think your treatment will do anything for me?" In diagnosing the case the writer found the bladder so irritable that the smallest quantity only of urine could be retained—it being rejected spasmodically (so to speak) as soon as secreted. The urethra also

Diseased bladder in elderly lady.

Seven or eight months allopathic and homœopathic treatment.

Doctors differed—"ought not to expect to get well."

Disease attributed to accident.

Sufferings.

Treated by
the writer—
spray.

was in such an irritable condition that the catheter could only with difficulty be introduced. Treatment was applied, and a spray administered.

October 12th.—The patient said:—"I have been better, sir; I am so truly thankful that I can get a little sleep. I still pass water very often, but you have eased the spasm, and I rest between times." Similar treatment was again applied.

"Only
doctor who
has done me
any good."

October 24th.—The patient looked better, and said:—"I am very much better, thank God. You are the only doctor that has done me any good. Since I was last here I have only had to get out of bed three or four times during the night, and I pass water in larger quantities without pain, which is a great comfort to me. All that the other doctors did for me was to change my medicine and look at my tongue." The writer this time administered a tonic spray to the patient, and requested that on the next visit she would come with her bladder as conveniently full as possible.

Quite well.

October 31st.—The patient said:—"I am quite well sir, and am going to run away from you to live with my daughter in Uckfield, ten miles from Tunbridge Wells. My cure is really a miracle, sir; I never expected to get well. I have kept my water as you wished me since breakfast, and could keep it still longer." Catheter introduced—twelve ounces of urine drawn, clear and natural—all the irritability was removed—the case was cured.

"Thank
God I saw
your adver-
tisement."

The patient, in expressing a wish to have her case published "for the benefit of others," added:—"Thank God I saw your advertisement. My daughter (EMMA DOSSETER), who lives with Mr. Woods, Dane Hill, Uckfield, first showed it to me, knowing what a great sufferer I was." Mrs. DOSSETER eventually died of bronchitis.

NOTE.

Obser-
vations.

The above case suggests the following observation:—The writer has found that in almost every such case coming under his notice and treatment the patients have

been discouraged, both by their medical attendants and others by being told:—"Poor old soul, what can be expected at your age?" The writer has always felt that the more infirm and aged the patient the greater the reason for *something* being done to at least ameliorate the suffering and render life tolerable—and he has had the gratification of witnessing such a result attending his treatment of many such aged persons, and moreover of *curing* bladder and other diseases in them—thus contributing to the prolongation as well as to the comfort of their declining years.

No. 72.

Bladder disease declared "incurable"—cured.

S. S., widow, aged 71.

This patient consulted the writer in June, 1879. The following statement of her case was given by her daughter.

Bladder
disease.

Her mother was quite well till October, 1878, when she had an attack of neuralgia and rheumatism. In February, 1879, she began to complain of pain in passing water, which gradually increased in severity despite of all her doctor did for her. Her disease was called "chronic inflammation of the bladder." The inflammation was said to have run on to "ulceration of the neck of the bladder." The doctor tried everything he knew of without effect. The bladder was washed out twice a day; still the patient got worse. A month before the writer commenced his treatment a physician from Maidstone had been sent for, who corroborated the opinion of the family doctor, adding "it is a thorough breakdown of nature." The physician's prescriptions were, nevertheless, carried out faithfully. Mrs. S. got no relief from all that had been done. Finding the case was "incurable," the family doctor, after three months constant attendance, said, "I can do no more for her, and I will only call occasionally."

Family
doctor and
physician
from Maid-
stone—no
relief.

Urgent
symptoms]

"Thought
she was
gone."

Writer
consulted.

Testimony
to the spray

"Much
better."

The condition of the patient when first seen by the writer was thus related also by her daughter. She said, "My mother is so weak she cannot talk to you. I will tell you how she has been. She has had to pass water in extreme agony every half-hour to an hour—the urine is very thick and sticky, and smells very offensively—once it had blood in it. We have used all kinds of disinfectants, but they do no good, the smell makes us all sick. Three or four of us have been constantly with her night and day for the last three months. She was continually wanting the chamber so that we could not leave her, and we were obliged to support her while on it—she is so weak, she has had no appetite during the last three months, but we have kept her up with a bottle of champagne a day. On one occasion we thought she was gone—her breath seemed to have left her body, but we brought her to by dipping a feather in brandy and putting it between her lips. The doctors said her heart was weak and gave instructions that she was never to move quickly—the vessels about the heart, they said, were wrong."

The writer carefully examined the case and administered treatment, though with some difficulty, the part being unusually irritable. Full instructions were given how to proceed till the writer should see her again. On visiting her a second time at Tunbridge he was gratified to find her propped up in bed and able to converse pretty freely. She said, in a distinct voice :—"The first spray you gave me produced beautiful sleep and comforted me for three days—it was new life to me, I had only to pass water three times all night." Another spray was administered. On paying her a third visit, she said, "The second spray relieved me so much that I slept nearly the whole night." On seeing her for the fourth time she said, "I am so much better, doctor, that I really think I am cured. I was out of bed and moved about a good deal yesterday and tired myself a little. I was only out of bed once the whole night and passed water very comfortably without pain. I have lost all the pain that used

to torture me fearfully." The patient, although apparently cured, was not really so. She was so much relieved, however, as to lead everyone around her to suppose that she was cured. In this case, as often in similar cases, there is a vascular growth in the bladder needing removal by surgical means. The patient was with little or no inconvenience removed to London, surgical treatment was applied and the growth was effectually removed.

Surgical
treatment—
cure.

Mrs. S. afterwards was perfectly well, and in her 75th year was in perfect health and free from any bladder inconvenience. She expressed her willingness to communicate with any enquirer and confirm the above statement. She died of bronchitis two years ago.

Verification.

No. 72a.

Disease of the bladder and uterine misplacement of twelve years' duration, the last two years in "continual torture"

—treated without benefit at the Chelsea Hospital for

Women—declared by local doctor to be hopeless

—cured in three weeks.

Mrs. A. W., aged 60, married.

This was a very severe case, and by its great prolongation was fraught with much domestic trouble. The patient was an old inhabitant of Holbeach, in Lincolnshire, wife of a baker, who for thirty years has carried on business in the High Street, and in the course of her wedded life she had borne eight children.

Bladder
disease and
misplace-
ment.

She had suffered from bladder symptoms for some twelve years, with occasional severe attacks, for which she had frequent recourse to doctors. Nothing, however, did her any good. Thus matters went on till, in the spring of the year 1889, having nursed her husband through a severe and complicated illness, the fatigue and exertion made her worse. Her condition then became

Twelve
years dura-
tion—
medical ad-
vice unavail-
ing.

Symptoms
became
urgent.

extremely painful. She was, as she states, in constant misery, with "fearful nights," continually getting in and out of bed, sometimes at intervals of from ten to twenty minutes, almost wholly precluding rest, she was scarcely able to stand, and on emptying the bladder it seemed, she said, "as if a red-hot iron was burning me." Visiting a daughter in London, where she went for a change (she writes, dating August 22nd, 1891): "While there I experienced a terrible sensation in the body, which acted fearfully on my water, causing me intense pain. I came down home on the following day, but I shall never forget the agony of that ride. A doctor was called in, who said the womb was misplaced, causing inflammation of the neck of the bladder. I was kept in bed, but after being laid up for sixteen weeks, was no better. I had been wearing instruments with a stem, but since this last attack I cannot wear anything of the kind. My sufferings are intense night and day. I cannot sit except occasionally on an air cushion.

In the Chelsea Hospital
for Women—
no better.

"Last June (1891), going again to my daughter's, at Hammersmith, I was persuaded to enter the Chelsea Hospital for Women, and was there as a paying patient for three weeks. On the 11th of June I was put under ether and underwent an operation; but I came home no better. My nights are fearful, and I am nearly double with the pain. I hail with joy the thought of relief, if it please God to open up my way to get under your treatment. I see cases in your book that are exactly like my own, and I hope I shall get to your Home Hospital by the end of next week—my agony is so great. I trust you may succeed with me as you have with others. Oh, how grateful I shall be if I am cured! my life for two years has been one of continual torture, and my doctor told me I should never be any better."

Entered the
writer's
Home
Hospital

Mrs. W. entered the Home Hospital on the 3rd September, 1891, and left on the 24th of the same month. The outcome of her three weeks' sojourn will be gathered from the following letter written on the 30th, a few days afterwards. The change from the state described in the

previous letter just transcribed is one from the depths of despairing anguish to the exuberance of grateful jubilation. Her hope of relief and even apparently of cure, which she had expressed with such intensity of desire—an intensity which twelve years of suffering, culminating in the last two years in the torture described, goes sufficiently to account—was realised more quickly than she had ventured to anticipate. Hence the transition from the wail of the sore oppressed to the earnest thanksgiving of an overflowing heart. She, whose “agony” had been “so great,” whose life was rapidly being worn away with pain, and was professionally assured she “would never be better,” was restored within the comparatively brief period of three weeks to the happy consciousness of painless and healthy vitality. Thanks, be it observed, to the writer’s Spray treatment. The letter is addressed to the Lady Principal of the Home Hospital:—

Cured in
three weeks.

“34, Ravenscourt Gardens,

“Kensington,

“September 30th, 1891.

“MY DEAR MISS JONES,—I feel sure you will be pleased to hear from me, and to know that I continue so perfectly free from pain. I have had no return of the old trouble, and am as well as I was twenty years back. I am so pleased and grateful I can hardly believe it; and my own people at home think the news too good to be true. But it is true, and I am deeply thankful to our Heavenly Father who has put such skill and power into Dr. JONES’s hands. He has indeed done something very wonderful for me. I thank him with all my heart, and trust he may long be spared to be an equal blessing to others.

Grateful
acknowledg-
ment.

“I also hope, my dear Miss JONES, that you are quite well. Your great kindness to me I shall never forget. Truly your hospital is a Home, and, although for a time in pain, I was glad to dwell with you. It is much to be brought in contact with kind congenial spirits, whose chief aim is to make others feel as happy as possible

Life in the
Home
Hospital.

under untoward circumstances. I often picture you all as you sit around the dining table engaged in lively conversation ; and though I can no longer hear you, it will remain a pleasant memory. I am thinking of the pleasure of going to see you next Friday, in company with my daughter, for I am taking a walk daily, and feel stronger every time. Please remember me to all the patients, I am quite longing to see them once more. I hope dear Mrs. E—— is improving, thereby giving the doctor that real pleasure which he evidently feels. With very kind regards, my dear Miss JONES, allow me to remain

“ Yours very sincerely,

“ AMY W——.”

Sick life, even at a Home Hospital, and with assiduous and considerate attentions, hardly offers a scene of pleasure ; but suffering finds mitigation in society of its own kind, and Mrs. W——’s ingenuous sketch of the Home in Dean Street is encouraging to such as would forget their own troubles in a friendly interest for others. What acutely embitters the grievous lot of the average patient in sickness is too often the want of accustomed intercourse with friends. Mrs. W—— unconsciously realises a valuable feature in a liberally conducted Home Hospital, a social atmosphere which, prompting to cheerfulness, is no little help to the medical treatment.

Remarks—
the Spray
treatment.

The upshot in this case is that severe bladder disease with womb misplacement of twelve years’ duration, culminating in two years of well nigh insufferable torture, baffling local doctors and treated without benefit in a special Hospital for Women—an abandoned case, in effect—is relieved and apparently cured in the space of twenty-one days. “Will never get better,” as this patient was assured by her local doctor, is a quite familiar repetition in the writer’s ears ; but in bladder and associated cases, a qualification may perhaps without undue presumption be respectfully suggested, “Will never get better” till the writer’s Spray treatment has

been applied, would be truer to experience, as the records in this book abundantly show ; but this is what the long-suffering patient often fails to discover until driven to extremity. It is proper to point out, however, that this particular cure is subject to some drawback. The patient on her own responsibility left the Home too soon without allowing the writer time to complete his treatment. In such cases as hers, certain surgical measures are needed without which the disease is liable to return, perhaps in the course of three years or less. There are cases, however, which in the absence of surgical precautions remain permanently cured, and it may be hoped that this will be so in Mrs. W.—'s case. Any way, with such heavy suffering as hers, even a respite for a while is a source of inexpressible comfort.

Drawback
to cure.

No. 72b.

So-called cancer of the bladder—testimony to the value of the Spray treatment in relief of suffering.

Mrs. A. C.

True cancer, as a disease of the bladder, is not frequent ; and when it occurs, it is usually referrible to secondary deposition from adjacent organs, as the uterus or the rectum. There is, however, a disease of the bladder attended with intense pain, granular degeneration and ulceration, often mistaken for cancer ; and this, when it has not been brought under his notice at an early stage, the writer has found quite as fatal as the malignant disease itself. It has become a fashion with physicians and surgeons who fail to cure, or even to afford relief in this disease, which is not cancer, to call it by that name. Not infrequently in such cases, the writer has been sent for at too late a period of development for curative treatment, and where it only remained to employ the means at his command by way of relief. Here he has found

Reputed
cancer of the
bladder.

with unfailing uniformity that the sufferers have testified to the Spray treatment as the only source of comfort they have experienced.

The Spray
treatment
the only
source of
relief.

Their testimony, in fact, as the reader will have seen from many of the cases recorded in this book, agrees with that of sufferers from other diseases of the urinary organs. The writer's Spray treatment is the most effectual method by which the bladder can be actually reached and the remedies he has available can be directly applied. Hence, when other means, employed in indirect ways and by other hands, have failed, as cases reported here repeatedly show, the effects of these really ameliorative or curative agencies are received as "marvellous." For cases in point the reader may be referred more particularly to Nos. 29, 30, 32, 39, 43, 44, 48 and 49, in all of which, many of them of long standing, a cure, generally very speedy, was effected after prolonged and useless treatment by local practitioners, hospital surgeons, and eminent specialists. Nor is there room to object that the treatment may serve as a palliative merely. It usually works a thorough and manifest cure. In all these cases (with one exception) the restored patients are still alive and well years after the date of their restoration: in Case 29, seventeen years afterwards; in Case 30, nineteen years; Case 32, fourteen years; Case 39, ten years; Case 43, six years; and Case 48, six years afterwards—ample lengths of time to place the thoroughness of the cures beyond doubt or cavil.

Case of re-
puted cancer
the writer
called in too
late—
declared
there was no
cancer.

A strongly developed case of the so-called cancer referred to, where the writer was called in too late, was that of Mrs. A. C., of Bayswater. She was suffering from bladder disease represented to be cancer; but, as will be readily understood from what has been said, the writer found this was not the case, and in making no concealment of the fact, he seems unconsciously to have given offence. The precise truth, as most people have found out, is only too apt to be unpalatable. To make facts acceptable, they often need to be somewhat coloured. Sometimes, in serious disease, it is desired

for various reasons to disguise the gravity of the case, and sometimes a melancholy satisfaction is found in believing the facts to be worse than they are. In the case of Mrs. C., other doctors, as has been said, though no doubt they expressed an honest opinion, may have had a latent leaning, where they could not cure, to believe it of a nature essentially incurable; and their experience may have failed to raise doubts or to suggest the reflection that they might be wrong. The writer is under no temptation to hold a biassed opinion. He declared the case was not cancer, regardless of what other gentlemen might think; and the fatal termination of an otherwise curable disease was no surprise to him, seeing the late stage of development at which he was called.

Fatal termination.

It was deemed fitting, however, to make a post-mortem examination, to which, it is to be remarked, the writer was not invited, and of which he had no notification whatever; and in the result, it appears the opinion of these gentlemen was to their own satisfaction fully verified.

Post-mortem —cancer said to be verified.

Correspondence ensued which may equally interest the professional and the lay reader.

Correspondence.

Mr. A. C., the deceased lady's husband, writes, in a tone of complaint:

"Bayswater, W.

"June 16th, 1890.

"DEAR SIR,—Yours of the 13th inst. is before me . . . A post-mortem showed cancer of very old standing, whereas you asserted there was none, as against the opinions of seven other practitioners.

The opinions of "seven other practitioners."

"Yours truly,

"WM. A. C."

Dr. DAVID JONES replies :

“ 15, Welbeck Street, Cavendish Square,
“ London, W.

“ June 17th, 1890.

The writer's
vindication.

“ DEAR MR. C.— I failed to cure your poor late wife, but I feel certain that had I been called in earlier, I should have been successful.

“ With reference to your remarks on cancer, allow me to say that I still hold the same opinion. If seven doctors agreed that your wife's disease was cancer, and one affirmed that it was not, although the odds are great, the one is not proved to be wrong. Dr. Harvey was the only man of his time who believed in the circulation of the blood, while other medical men declared that he was mad! Galileo was the one man of his day who held that Jupiter had many moons; all the world declared the young astronomer was dreaming! To-day the tables are turned. The world believes that Harvey and Galileo were right, and declare those who disbelieve them to be fanatics.

“ Many years ago, before a Coroner's Court, I was accused of causing the death of a patient, MARGARET SEDGWICK, because Mr. MACLAREN, of 60, Harley Street (who treated the patient after I gave up the case), gave a certificate that the patient died from ‘ nullity of treatment ’ and ‘ neglect to open the bowels. ’ Fortunately, Mr. WAKLEY, the coroner, ordered a post-mortem, which I heard of. My representative, who watched the case for me, testified that the bowels were found to be *empty* ! Thus the certificate was found to be *false* ! These circumstances are made public in the book you have (see page 18, in list of books by me), under ‘ Alleged Death from Homœopathy. ’

No notice of
post-
mortem.

“ Had I known of the post-mortem on your late wife, I should have had an opportunity of seeing what you and those who made the post-mortem had not the fairness or courage to let me see. To hold the examination without affording me an opportunity of being there was unprofessional, unjust, and un-English.

"In whatever respect I differ from the Profession, I do so *openly* (see Capt. A. C. CLARK's case, page 1, in my book on 'Urinary Diseases;' also Case 2, page 4, in the same book; the case of the Rev. THOMAS HEATHCOTE, page 37, and others). All these cases had been treated for the *wrong* disease.

Mistakes
of the
Profession.

"I will come to more recent dates. The Hon. JONATHAN AYLIFFE was treated in Fitzroy House by Mr. B——, Sir——, and others, for cancer of the hip. I removed from the patient two quarts of matter. The case was one of chronic abscess, *not* cancer.

"Still more recently I was called to attend Lady W.——'s daughter, who had been attended by the highest medical and surgical authorities for thirty-three years, all of whom declared the patient had 'incurable paralysis of the bladder.' I may tell you that the patient was *not* paralysed at all, and that my son removed from her bladder a stone weighing over three ounces (about the size of a bantam's egg), thus saving her life, and that she is now alive and comparatively well, though, from previous failure to discover that her disease was stone and not paralysis, the patient will never be perfectly well.

"I must apologise for writing at such length, but such is the subject matter, I could not well curtail it.

"Believe me, yours faithfully,

"DAVID JONES."

The rejoinder is interesting as a testimony to the value of the Spray treatment:

Testimony
to the Spray
treatment.

"Bayswater, W.,

"June 19th, 1890.

"DEAR DR. JONES,—I beg to acknowledge receipt of yours of the 17th inst.

"Whatever was done in the case referred to, there can be no doubt on one point, viz., that by your application you at once stopped all that fearful pain my poor wife suffered for so long previous. If only for that, I am, and was, thankful.

"Yours truly,

"WM. A—— C——."

Mr. A. C., it is thus seen, does not pursue the contention on behalf of cancer of the bladder, which, as the writer has pointed out, is of rare occurrence, and then only by way of secondary deposition from adjacent organs. Biassed as he was, however, by the "seven other practitioners" in favour of the more portentous opinion, he is candid enough to testify to the efficacy of the writer's Spray treatment in the relief of suffering that had proved unassuageable by other means. "There can be no doubt," he says, "that by your application you stopped all that fearful pain my poor wife suffered for so long previous."

Elucidation
of the facts
of the case.

Acknowledging with satisfaction Mr. A. C.'s candid testimony to the value of the Spray treatment, the writer felt, however, that, in a case of so much pathological interest, nothing should be left undone in elucidation of the facts. He therefore recently wrote by way of further inquiry with a view to submit questions going to bring out certain points more clearly. For whatever reason, Mr. A. C.'s answer was a refusal to pursue the subject; and the writer accordingly leaves the case with some closing remarks in further vindication of the opinion which he felt it his duty to give, but which was received with so very little favour.

It may be suggested, on behalf of the "seven other practitioners," that surely cancer may with certainty be distinguished from non-malignant disease. Is not microscopic examination, it may be asked, sufficiently conclusive?

No doubt the microscope is of incalculable use in physiology and scientific medicine. We can readily discover the nature of healthy tissue, the various forms of epithelium, voluntary and involuntary muscular tissue, bone, nerve fibre, &c. We can also most satisfactorily diagnose many diseased conditions, detect blood globules in the urine invisible to the naked eye, renal casts and oil globules in the second and third stages of renal disease. Urinary salts, in like manner, have their respective physical characteristics which no one accustomed to

microscopic examination can possibly mistake. It is different, however, in cancer of the bladder. All observers agree that it is difficult, and in many instances impossible to affirm with certainty the existence of the cancer cell. The uncertainty is increased when we have the admixture of degenerated tissue, decomposed urinary matter, with blood, muco-pus, and numerous admixtures of various epithelia and urinary crystals, greatly adding to the difficulty of diagnosis.

To illustrate the truth of this position, the writer may mention a case which occurred in the practice of Sir HENRY THOMPSON (no mean authority in diseases of the bladder). He says: "Some of the best 'cancer cells' I ever saw in my life were collected from a patient's urine and placed under the microscope by an eminent microscopic observer, for the purposes of a very important consultation, at which I assisted. I admitted the beauty and perfection of the microscopic observation, but on larger grounds denied the existence of cancer of the bladder; and the ultimate result, happily for the patient, confirmed my view and disproved the cell."^{*}

The case of the late Mrs. C——, already mentioned, was said by seven authorities to be cancer. The writer did not then, and does not now, believe it, since all the physical evidences, so readily detected by manual examination in the female, were absent.

No. 72c.

Throat disease, pronounced to be cancer—value of the remedies used with the Spray treatment illustrated—patient rescued from a critical operation—permanent cure.

Mrs. S. J. O.

This case, though beyond the scope of a work devoted to urinary diseases, is introduced here partly as bearing

Throat
disease pro-
nounced to
be cancer.

* "Clinical Lectures on Diseases of the Urinary Organs," by Sir Henry Thompson. Page 351, fourth edition. J. and A. Churchill.

on the previous case, which raised a question as to the reality of reputed cancer, and partly as illustrating the value of the remedies employed by the writer through the Spray treatment in diseases of the bladder and prostate. The patient circumstantially describes her own case, which, independently of its lessons to both medical and lay readers, presents points of strongly dramatic interest :

“ 240, Lower Road, Rotherhithe,

“ November 1st, 1889.

Remarkable
success of the
Spray
remedies.

“ DEAR SIR,—Words fail to express the gratitude I feel through the remarkable success of your treatment. But a short time ago there seemed little hope of my recovery. Now I am a living testimony of what your skilful treatment can do to alleviate suffering and thus prolong life.

“ Summarily, my case is this. Nearly two years ago I first experienced a difficulty in swallowing. Occasionally I seemed to lose all power to swallow my food, and this inability became more frequent and severe as time went on. Last March, while at supper one evening, I was nearly choked. A piece of meat lodged in my throat, and I had no power whatever to swallow it or bring it back into my mouth. I tried to drink, but no water could pass. Not being able to reach it with my finger, I was almost gone, when fortunately I seized a spoon and with the handle just managed to force it down. I was very much exhausted afterwards, and considered it quite time I had proper medical advice.

How the
patient fared
at the Throat
Hospital,
Golden
Square

“ Consequently, I went to Golden Square Throat Hospital. I have reason to believe I was treated for paralysis of the throat. I had medicine three times a day, besides using a spray night and morning. I continued with this treatment for about six weeks, without deriving the slightest benefit therefrom. At the end of this time I again had my throat examined, and was told there was stricture. A fortnight after this I was given to understand a substance had formed, and it was necessary to cauterize it, still continuing with the medicine and spray

as before. The cauterizing caused me intense suffering, so much so that on the night following the day upon which it was done I was afraid to lie down, thinking every minute my throat would entirely close. I could now only take a little liquid nourishment, and that with extreme difficulty and pain. I was getting weaker, and losing flesh fast every day; my voice was almost gone, I could not speak without pain, and then only in a whisper, and could scarcely stand. I continued in this state for several weeks. What little nourishment I partook of, such as beef tea, milk, and ice, I could not retain.

Cauterisation.

“In this condition the physician said my case was getting serious, and that in a short time I should not be able to swallow liquids, while the pain would become more intense. He therefore advised the operation of gastro-tomy. The operation would have to be performed at once, or it would be too late, owing to my then exhausted state. He expressed a wish that I should have the opinion of another physician, and referred me to a gentleman in New Cavendish Street. I saw him on June 25th, when he examined my throat, and told me that I was suffering from cancer. He further said that all the medicine in the world would not touch it, and no mortal man on earth could do me any good. He gave me to understand that if the operation was performed I should never be able to use my throat again for its natural purpose, neither would it check the growth of the cancer, or prolong life, but it would make life more tolerable by not allowing anything to pass down my throat that would irritate it. Although my age and weakness were against the operation, he advised it as the only thing that could be done, adding that the Emperor of Germany had gone the way of all flesh.

Heroic operation advised.

“Would never be able to use the throat again.”

“The only thing to be done.”

While I was deliberating, in great distress, as to what course would be the best for me to pursue, I was recommended to consult you, which I did on June 26th. You applied something to my throat locally, by means of a spray and gave me medicines to take. After my first visit to you

Consulted the writer.

Quickly improved. I felt much better. Two days after I was able to eat a small piece of bread and butter (I had been existing on liquids since March). From this time I quickly improved till, in less than six weeks of your treatment, I was able to take my ordinary food, and have continued to do so ever since. I soon regained my voice, and can now speak without pain or difficulty; my strength and weight have also steadily increased, and my general health has been greatly improved.

Cured. Grateful acknowledgment. "After this experience, I am fully justified in testifying to your invaluable treatment. I am a mystery to my friends, and those who saw me then and see me now deem my recovery as marvellous. I have tried and still intend to make your name known as far as possible.

"I trust your valuable life will be spared many years to alleviate suffering and prolong life.

"Asking you to accept my personal congratulations, and the warmest thanks of friends,

I am, yours respectfully,

"Dr. DAVID JONES."

"S. J. O.

Remarks on the case.


The reader will not fail to see that a case is here presented of serious responsibility and unusual gravity. Inability to use the throat for its natural purpose, without manifest reason, is something to call for the most thoughtful observation and the most searching and deliberate scrutiny. Certainly, at a Throat Hospital, the medical officers should be sure of their ground in what concerns the throat. But the experts at this Throat Hospital, in the exercise of their own speciality, where they might be thought to be at home, were, apparently, very much abroad. They begin, as the patient had reason to believe, with treating the case as one of paralysis. After six weeks of utterly fruitless treatment, they change about and declare for stricture. Wrong again, on their own confession. Another fortnight serves to set them on another tack. They discover, as they say, "the growth of a substance," which they thought it necessary to cauterise, thereby subjecting the patient to intense

Confusion of opinion and desperate measures at the Throat Hospital.

pain, and greatly aggravating the symptoms. More useless treatment! And now comes a fourth departure. An operation is recommended, as a last resource. A specialist who was consulted, affirmed the disease to be cancer, and commended the proposed operation: an operation of a grave nature, which was to be followed by no corresponding advantage, and necessitating the establishment of a permanent false opening in the stomach, through which the patient was to be fed. It was to render the throat of no natural use any more; nor, confessedly, was it to check the malignant growth or prolong the patient's life. It was, in effect, to prepare her for an early dissolution, "to go the way of all flesh!"

Was the disease cancer? Experts and specialists who, above all others, may be assumed to know, declare that it was, and moreover, were ready to support their view by a cardinal operation reducing life to a short spell and a possession of little value. If they were right, then the writer has effected a radical cure for cancer, since the patient, more than two years after recovery, continues in perfect health, and will gladly verify the fact to any one desiring verification. And how rapidly was the cure effected! Even after the first application of the writer's remedy, the patient was "much better;" and in two days, after having lived on liquids for nearly four months, was able to eat. In six weeks she was practically cured. The throat was so far restored that she took to ordinary food. She rapidly regained her voice, and was well again. The writer will not answer the question he has put. Such are the views of the Profession at this moment, that any one who professes to have cured cancer is either regarded as a visionary, or denounced as a charlatan.*

Was the
disease
cancer?

The writer
cured it. 

Which the
Profession
hold
impossible.

If, on the other hand, the disease was not cancer—and since the writer cured it, the gentlemen who were going to capitally operate for the cancer would probably

If not cancer,
the Throat
Hospital ex-
perts failed
where they
should have
succeeded.

*See the fate of Professor Clay, of Birmingham, Preface to fifth edition, pp. xi.-xii. of this work.

say it was not—the specialists at the Throat Hospital failed to cure what was presumably curable; and what is worse, they fell into an unpardonable error in diagnosis, involving a life. The alternative is lamentable in either event.

Fortunately
for them, in
their profes-
sional mis-
takes, they
are all
allopaths.

In one respect, however, these gentlemen are to be congratulated. Supposing the positions reversed, and Mrs. O—— had escaped with threatened life from a company of homœopaths, to be saved by allopathic hands. How heaven had echoed back to earth the denunciations of the dangerous pretenders! But their status as allopaths protects them. On their own showing, the operation would not have prolonged life, whereas, now she is alive and well—for, as they said, “the late Emperor (of Germany) had gone the way of all flesh,” and “it was the only thing to be done!” Happily for Mrs. O——, who naturally had no wish to follow the Emperor at present, she refused to have it done, and the throat remains for natural uses, a monument to the writer’s Spray treatment remedies, rather than a by-gone channel through which—and that but as a wait for the end—nothing must be allowed to pass for fear of irritating the “growth” in it.

STRICTURE OF THE URETHRA.

NOTHING is more common than for patients to say they have "stricture" when it does not exist; it is equally common for stricture to exist when the generality of medical men say there is none. Even specialists make grave blunders in this respect—they introduce a good-sized English bougie apparently without difficulty and tell the patient he cannot have stricture, as the instrument goes in.

Uncertainty
as to the
existence of
stricture.

The writer cannot conceive a greater fallacy: he would rather take the opinion of a patient in incipient stricture than the opinion of the generality of medical men. There is great significance in what a patient himself says about stricture, and he is usually right, while surgeons are frequently wrong. The patient's daily experience of his complaint has much to back it against that of a medical man. He knows he has had gonorrhœa or has committed early indiscretion, or may be has been violently kicked in the crutch, or has met with some other mechanical injury which is an occasional cause of stricture, and he sees a gleety discharge glueing up the entrance to the urethra, but he is laughed at and told he is nervous and that there is nothing the matter with him. The writer maintains that this "gleet" is the *incipient* stage of stricture. Gleet is a mucous discharge, and whenever it is present it is the effect of chronic inflammation of the urethra, and although, possibly, it does not considerably narrow the canal, nevertheless, accurate measurement will discover the commencement of contraction. Gleet is not present in a *healthy* urethra, consequently it is the effect of an *unhealthy* inflammatory

Medical
opinion often
wrong.

Gleet.

state which will lead to more trouble if left to itself. When the cause of this gleet is not removed more trouble follows, and then medical men begin to see that all is not right; the patient will now tell you that the stream is smaller than it used to be; he passes water more frequently than he should, and has to force more to get rid of it, and when it passes it does so in two or more streams. Sometimes it splutters like water coming out of a watering pot, at other times it is flattened or passes in a spiral stream like a corkscrew.

Incipient stricture.

Tested by the urine.

Importance of early treatment.

There are many cases of incipient stricture which give no discomfort: the patient passes a good stream and the urine is to all appearances perfectly clear and normal. Such, however, is not the case. Let the patient pass some of his morning urine into a clean glass and hold it up to the light, and he will see shreds of mucus or floating particles—floculi—in a state of minute sub-division, contrasting greatly with *healthy* urine, which is absolutely clear and transparent. So it happens that a man may have stricture for years without knowing it; but let him examine his urine as directed above, and if it contain floculi it is incontrovertible proof of the existence of stricture. It is very necessary that this early stage should be diagnosed as soon as possible, for the earlier a stricture is treated the quicker and more certain are the chances of cure. If left to itself it will slowly and surely get worse, until at length all the troublesome symptoms of stricture will become fully developed. Persons who use injections to try to cure gleet or gonorrhœa, or to prevent gonorrhœa, suffer from worse strictures than those who do not do so—indeed, injections *cause* stricture and orchitis quite independently of contagion.

Progress of stricture.

In due course the stricture becomes more obstructive and more pain follows; inflammation from the urethra extends into the bladder producing cystitis; the urine becomes loaded with mucus, and before long the patient is unable to command his water during sleep, and it dribbles away from him unconsciously and wets the bed

clothes. Not unfrequently it results in "impotency." The writer has known this advanced condition treated for all sorts of complaints: some have been told they had stone; some Bright's disease; others paralysis of the bladder, or disease of the prostate, or kidneys even. In many cases the patient's urethra had never been examined. The writer remembers seeing one case, from Eccles near Manchester, where the patient declared it took him (by his watch) six hours each day to empty his bladder: *i.e.*, he set aside two hours three times a day for that purpose, and then he could only pass water drop by drop with fearful straining; yet this patient had been treated for years by various medical men who never examined the canal to search for stricture, but merely gave him medicine.

Stricture in many instances is of very slow growth, sometimes taking five, ten, twenty, and even thirty years before it becomes very troublesome, and on this account it is overlooked and mistaken for some other disease and only discovered after prolonged mischief has been established. If stricture does not show itself in a few months or in a year or two, the cause of it (in most cases gonorrhœa) is overlooked, and stricture under the circumstances is said to be out of the question. By far the greater number of cases of stricture that come under the writer's observation date their origin a considerable time back.

Often of
slow growth.

It has been asserted for years by surgical writers that once an organic stricture is established there it will be for life. Take, for instance, a paragraph from a modern and able writer on urinary disease. He states, "Once acquired it cannot be dispersed by any known means. It cannot be removed by absorption, although the contrary has often been affirmed. You may dilate it, you may cut through it, but there it will always be. When a man once has organic stricture he has it for ever."*

Alleged in-
curability
stricture.

* "Clinical Lectures on Diseases of the Urinary Organs," by Sir Henry Thompson. London: J. & A. Churchill, New Burlington Street, 1876. P. 31.

Investigation by the writer.

Curable by "unusual dilatation."

Dr. Otis's method.

Relief by bougies temporary.

"Continuous dilatation."

Seeing the opinions entertained by surgical writers in England and on the Continent of the incurability of stricture, the writer thirty years ago determined if possible to erase such an impression from his mind and remove such an opprobrium from surgical literature, and he satisfied himself at least that authorities in those days as in the present were too dogmatic in their views on the pathology and cure of stricture as well as of urinary diseases in general. The cases of stricture which he has cured by "unusual dilatation" are so numerous as to allow of no doubt upon that point. Thirty years' experience may not be long enough to establish a principle, but surely it is ample to establish confidence in the plan above-named, and but for the length of time which this treatment takes he would never adopt any other method. To say the least of the treatment, it negatives the assertion made both in old and modern works on surgery as to the incurability of stricture.

We are indebted to Dr. OTIS, of New York, for urging this on the Profession, and notwithstanding the criticism of Mr. BERKELEY HILL and others, the writer mentions for the benefit of sufferers that he has cured over *a thousand cases* of organic stricture by his own plan and that of Dr. OTIS's during the thirty years he has been in practice. A very great many of these patients have been seen years after the operation, and in very few instances has the stricture evinced any signs of existence, In those few cases in which it did return all the patients confessed to have incurred a fresh attack of gonorrhœa.

The ordinary treatment of stricture by bougies does undoubtedly give temporary relief: but it is *only* temporary, for sooner or later the stricture will reassert itself and in a more severe form. The longer it is in existence the more aggravated does it become, it grows more cartilaginous and unyielding, and is consequently more difficult to cure.

It is a well-known fact, however, that "continuous dilatation," if fairly carried out, will enlarge the strictured urethra most effectually, and at the end of a year or two

or more will have contracted possibly a millimetre or two. The writer maintains that more prolonged continuous or *unusual* dilatation if carried on to a *greater* extent will leave the canal as nearly as possible normal.

The treatment adopted by the writer is so nearly perfect that he knows of only one case which returned. This case was both an obstinate and obscure one, and had been operated upon three times by another surgeon. The patient, however, is so far cured now that it is believed he will require no further treatment.

Success of
the writer's
treatment.

Doubtless organic deposition in any part of the body is rarely resolved into its absolute original condition: still this does not justify the absolute assertion we see in surgical books as to the incurability of stricture. Once the stricture is cured it can in no way interfere with the genito-urinary functions or in any way exercise an injurious effect upon the health of the patient.

Besides the usual organic stricture there are other strictures of the urethra dependant upon a variety of causes which not unfrequently come under the notice of the specialist—such as

Kinds of
stricture.

1. Congenital stricture.
2. Traumatic stricture.
3. Hereditary stricture.
4. The masturbator's stricture.
5. Spasmodic stricture, etc., to the treatment of which a chapter will be devoted in a future edition.

Senile stricture of the urethra, with very severe disease of the prostate and inflammation of the bladder.

Senile stricture with severe prostatic disease and inflammation of the bladder.

The patient has described his own sufferings so accurately that the writer does not consider it necessary to add to the statement, except to say that the London surgeon, alluded to in the statement, did *not* examine for stricture.

STATEMENT OF GENRL. SIR F. H.

“August 20th, 1880.

“In grateful acknowledgment of the wonderful and successful treatment by Dr. JONES, 15, Welbeck Street, Cavendish Square, and in justification of the efficacy of his new discovery, I am very desirous of making the following statement of my case as public as possible:—

Urgent symptoms.

“I was taken ill on the 5th February, 1880, with disease of the bladder, and enlargement of the prostate gland, was attended by my country surgeon who ordered me warm baths, and prescribed the usual medicines in such cases, but to no effect. I became worse and worse; the constant desire and difficulty of emptying the bladder, attended with violent burning and straining, continued day and night. This pain extended along the perineum until it reached the rectum, giving me constant desire to relieve the bowels each time I relieved the bladder. The urinary secretion, too, was cloudy, depositing a thick yellow ropy discharge, offensive in its odour and alkaline in its character. I had also stricture in the urethra. At last my strength and appetite failed me, and being considered in a critical, dangerous state, the best surgeon from Northampton was called in (want of power to relieve the bladder having set in), who introduced with great difficulty (after trying various sizes) a small catheter, which was left in for six consecutive hours, causing an abrasion (found out afterwards by Dr. JONES) the agony of which I can describe to no one, nor the blessed relief when it was removed, and a warm bath

The “best surgeon from Northampton” of no avail.

administered. This relief, however, did not last, and finding the Northampton surgeon's treatment of no avail, a celebrated hospital surgeon from London (noted for having published and lectured on Diseases of the Bladder) was called in. He stated that I could not possibly have a stricture, as it 'never set in over the age of 60.' He ordered nourishing diet and milk, also suppositories to be administered at night, the warm bath and medicine, and steaming the parts affected. But all these gave only temporary relief, my strength and flesh left me, I had constant suffering, little sleep and next to no food being taken, the very sight and smell of the nicest dish causing nausea. I must also mention I suffered from continual sickness of the stomach, accompanied with occasional vomiting. The surgeon now told me I might apply two or three suppositories a day, they would do no harm, and were better than taking opium through the stomach, as they act directly on the parts affected by disease, without injuring the stomach, and in this state (my country surgeon having met with an accident which laid him up) I was left.

A "celebrated hospital surgeon from London" gave but temporary relief.

Continued suffering.

"I had now been four months and ten days ill. My nurse, in her excessive grief and despair at my dangerous state, was moved by Divine Providence to search in the 'Standard' if she could find any medical treatise, or the name of any physician that might be of service to me. She succeeded, and, without saying a word to me, got Dr. DAVID JONES's treatise on 'Diseases of the Bladder and Prostate,' and read it first herself to be quite sure it would be of service to me. She then read it out to me, and entreated me, as I valued my life, to place myself under Dr. JONES's treatment. I consented, and truly I was in a dying state when first I presented myself to Dr. JONES, and dried up like a piece of parchment by opiates. Within six weeks (thanks to Divine blessing and his able treatment, attended with very little pain and suffering), I am perfectly restored to health and vigour. The bladder now empties itself completely, whereas, when I first went to Dr. JONES, he had to draw

Over four months ill—nurse lighted on writer's book.

In a dying state on applying to the writer.

Perfectly restored in six weeks.

off eight ounces and a half of decomposed urine. I can solemnly declare that I have not for years enjoyed such excellent health as I am doing at present. I beg to add that my age is 74.

Authentica-
tion.

“Should anyone desire to have further particulars of my case, I shall be most willing to communicate with them privately, for which purpose I subjoin my address.

“GENRL. SIR F. H.”

[Here follows the address, which the writer will forward to any enquirer.]

“To Dr. DAVID JONES,

“15, Welbeck Street, Cavendish Square, W.”

Patient con-
tinued well.

February, 1890.—Up to this date Sir F. H. has experienced no return of his former disease.

No. 74.

Stricture—cure without cutting.

J. A., aged 48, unmarried.

Stricture of
long stand-
ing.

This patient's sufferings extended over a period of 22 years, originating in an attack of gonorrhœa; the ordinary treatment (by stimulating diuretics, copaiba and cubebs, &c.) had been applied. The acute stage passed, a gleet remained, for which he was treated by injections of nitrate of silver and other strong astringents, such as lead and copper. Soon after using these, acute orchitis followed and laid him up for several weeks. The inflammatory symptoms subsiding, the discharge returned and he became as bad as ever. St. Bartholomew's, Guy's, and Charing Cross Hospitals were then resorted to, but with little or no benefit. The patient's own statement further details consultations from time to time with “private doctors” (as he termed them) without any real benefit, but with varying consequences, involving a large amount of continued suffering—fresh symptoms following remedies applied—skin disease, serious disturbance

Hospital and
private treat-
ment.

and derangement of the digestive organs and general ill-health. Discouraged and despairing (as he said), he resolved to "leave things to nature," and he suffered on more or less for many years, during which time serious symptoms in connection with the bladder were presenting themselves. To use his own words, "he was worried with discharge and difficulty in passing water. The stream became twisted, and sometimes it would splutter in all directions as water coming out of a watering pot." Eventually "he could pass no stream at all—there was complete obstruction, and the urine dribbled involuntarily night and day—had to wear flannel and other contrivances to absorb the urine as it dribbled away." Though shuddering to think of consulting another doctor, his sufferings, nevertheless, led him to call in a neighbouring practitioner, who, he says, "treated him very roughly while attempting to pass his instruments and made him bleed considerably." At this juncture he was recommended by a friend to send for the writer as one who "never used violence." Accordingly the writer was sent for. The patient was in a deplorable condition when first seen. Most tender treatment was essential. The smallest French bougie could not be introduced without occasioning rigors followed by fever. The flow of urine became less and less, and ultimately stopped entirely, and the bladder became greatly distended. To give temporary relief, the bladder had to be punctured and aspirated three times, and in the intervals attempts were made to dilate the urethra. A very fine French bougie was ultimately introduced and retained in the canal. At the end of ten days some progress had been made. The parts were beginning to resume lost function. As the bougies increased in size, the meatus (the narrowest part of the canal) had to be freely divided. Long continued treatment was called for and gradually pursued till No. 38 French bougie was reached. [No. 1 French is about the size of a small bristle, No. 38 about the circumference of a lady's finger ($1\frac{6}{8}$ in.) This will give the reader an idea of the amount of dilatation carried on]. As the

Continued
suffering and
general ill
health.

Complete
obstruction.

Rough treat-
ment.

Recommen-
ded to the
writer.

Dilatation.

Improve-
ment.

patient had intimated his intention to go to Australia, and objected to other or more rapid surgical procedure, it was considered desirable to carry on the treatment of dilatation (thus far successful) in order to effect anything like a permanent cure, and to obviate retraction of the urethral tissue, which is very liable to occur after treatment by ordinary bougies. The treatment of J. A.'s case was, in fact, continued for fully three months—a period by no means too extended in cases where permanent benefit is to be gained. As the patient underwent the treatment it was gratifying week by week to see the urine becoming clear, the pain subsiding, the stream increasing in size, and being expelled naturally with the usual force, to which he had been unaccustomed for many years. With this physical improvement his general health also improved—the wretched-looking, pinched and pale face, so characteristic of long suffering, became placid and healthful in appearance; he gained flesh, weight, buoyancy, and courage. The case, which had given little or no hope of recovery, responded very satisfactorily to the treatment, although (as already stated) it occupied considerable time. After visiting some friends in the country for a few weeks, he made preparations for carrying out his long-cherished wish to go to Australia. The friend who had recommended J. A. informed the writer four years afterwards that J. A. was quite well and had not experienced any return of his former discomfort.

Reported
quite well.

NOTE.

Remarks.

The writer has treated several cases of organic stricture in a similar manner, and has every reason to be satisfied with the results. The method adopted and applied by him may to some seem tedious compared with other methods; but where a patient has great aversion to the use of purely surgical means, the writer would unhesitatingly and with confidence pursue it in preference to the usual mode of treatment. Stricture treated as by OTIS's method is by far the most satisfactory, but the writer is

acquainted with patients so treated by other surgeons (one in his own practice) where contraction showed itself in less than twelve months. The speedy return of the stricture in that case was very exceptional, the patient having undergone three operations by different surgeons. The writer is persuaded that where this happens it is due to want of more assiduous attention, the strictured part is not divided in its whole length, some fibres of the diseased tissue being left undivided, and the after treatment by bougies is not carried out for a sufficient length of time. Ten to fourteen days, as mentioned by Dr. OTIS, is not sufficient in the writer's opinion to ensure a perfect cure, and in a point so vital to the patient's interest two or three weeks' treatment more or less should not be a matter of consideration to him. For the reader's information, whether professional or lay, the writer would add a few general remarks respecting his own mode of treatment. He has termed the treatment "unusual dilatation," and he is satisfied that unless this is carried out, that is to say, unless the canal is *unusually* dilated, the urethral tissue is sure to contract and the stricture resume its original hard and unyielding condition, and the treatment prove not to be *curative*, but, like the ordinary bougie treatment, only *palliative*. One difficulty, however, is that sometimes patients will *not* go on with the treatment, saying, "I am quite well, doctor; why treat me any longer?" and other like expressions. The writer's experience, however, convinces him that the dilatation must be carried on until the area of the canal is dilated beyond the size given by OTIS as the normal size. This appears to have the effect of destroying the tonicity of the structures, so to speak, and thereby obviating the tendency to the retraction which happens after ordinary treatment. Where patients have a dread of cutting, as sometimes is the case, and where there is ample time to devote to "unusual dilatation," the writer can confidently recommend it.

OTIS'S
treatment.

The writer's
method.

No. 75.

Four organic strictures in the urethra, and enlargement of the prostate gland, complicated with eleven openings (fistulæ) in the perineum (crutch) through which the urine was forced as through a watering-pot.

J. R. E., aged 48.

Four organic strictures with severe complications.

No benefit from hospital and dispensary doctors.

Urgent symptoms.

Consulted the writer in June, 1881. He said he had been ill a considerable time and under both hospital and dispensary doctors without deriving any benefit, and for the last year his disease had been much worse.

His countenance gave evidence of great suffering; urination was very painful and attended with unusual forcing, and was repeated about every twenty minutes night and day; only a few drops came through the natural passage, the greater portion being forced after great straining through eleven openings in the crutch, extending between the scrotum and anus, and issued in as many streams as there were openings, just as water comes from a watering pot.

The scrotum was very œdematous, giving evidence of effusion of fluid into the cellular tissue, there was also considerable inflammation and hardening of the testicle and epididymis.

The writer's treatment.

Treatment was at first directed to the strictures; the finest French bougie of hair-like dimension (half a millimetre) was with difficulty introduced, until one stricture after another was reached. After prolonged and patient perseverance by bougie after bougie, increasing the size from time to time (without forcing) the four strictures became sufficiently dilated to admit the urethrotome, and the operation of urethrotomy was performed, from which he speedily recovered.* The openings in the

* Urethrotomy is a reliable and certain cure for bad organic strictures. Ordinary treatment by bougies is tedious and the relief only temporary; whereas the cure by urethrotomy occupies only about fourteen days, is not attended with danger, and is permanent in most cases, and far more satisfactory to both surgeon and patient. If patients have ample time at command, "unusual" dilatation, as employed by the writer, is followed by more satisfactory results than the ordinary treatment by bougies (See page 311).

perineum closed one by one, the largest of which only required surgical treatment. As the patient's symptoms did not altogether give way, the bladder and prostate were examined. The prostate was found considerably enlarged, and the residuary urine amounted to fourteen ounces.

The patient was put under treatment, and all the troublesome symptoms shortly disappeared. He was

Cure.

now discharged from the "Home Hospital," and resumed his laborious duties of night porter. He continued in good health until February, 1884 (nearly three years), when one of the old strictures showed signs of becoming troublesome, so he was admitted once more to the "Home," and surgical treatment employed to complete the cure. He was enabled to avail himself of this by means of an anonymous gift of fifty pounds sent to the writer on Christmas Eve, 1883, an acknowledgment of which appeared, by request, in the "Morning Post" of December 28th, 1883.

Relapse.

Anonymous gift.

On this occasion the writer's son, Dr. GORDON JONES, performed the operation and took charge of the case during the patient's stay in the "Home." He made a rapid recovery and was discharged in less than three weeks.

Operation by Dr. Gordon Jones.

Rapid recovery.

The following letter was received in March, 1884:

"DEAR SIR,

"I am glad to tell you I feel now perfectly well. I am very thankful to you for your kindness and also to the donor of the money which enabled me to have my cure completed: if I knew who the giver of the money was, I should be gratified beyond measure to personally thank him. Before the operation, my pain and suffering were beyond description—I could not sleep at night through having to get up every twenty minutes to try to empty the bladder. Now, thank God and you, and the anonymous donor, I can sleep six hours at a stretch and get up refreshed. I am sure that but for your aid I should have been long ago under the turf. I trust God

Patient's Thankfulness.

may abundantly bless your efforts and give you long life to be of equal service to others as you have been to me."

A second letter was received five months after he had left the "Home;" it ran thus:

"DEAR DR. JONES,

Continued
well.

"I continue quite well and shall bless you as long as I live. Thank God, I feel a new man after so many years of pain and suffering. I go to bed and sleep six or seven hours without being disturbed. I shall have much pleasure in seeing anyone or answering any enquiries respecting my wonderful cure. I do not know how to express my gratitude to you and your son Dr. GORDON, and Mrs. EARLY, during my stay in the Home Hospital, they were so kind and attentive.

Inexpress-
ible grateful-
ness for
"wonderful
cure."

"Wishing you and your family health and happiness, and long life to benefit the world,

"I am, yours faithfully,

"DR. DAVID JONES."

"JAMES R. EDWARDS.

The last letter received from this patient is as under:

"72, Frederick Street, Gray's Inn Road,

"Xmas, 1887.

"DEAR DOCTOR,

"I cannot allow another Christmas to pass without writing you a line to say I continue quite well.

"How kind
you all
were."

"It warms me up when I think how kind you all were to me; how I should like to call on the kind donor of £50, which enabled me to enter your "Home"; would there were many more like him, to enable you to throw open the whole "Home" for the benefit of real sufferers, as you said you would.

"I wish you, Dr. GORDON JONES, and all your family, and Mrs. EARLY, a very happy New Year.

"I am, your grateful patient,

"J. R. EDWARDS."

This patient was still perfectly well on inquiry in February, 1888.

Stricture, complicated with enlarged prostate, cured in a month.

C. S., Esq., aged 64, married.

Consulted the writer on February 12th, 1884, complaining of the following symptoms, which none of his medical men were able to relieve.

Stricture,
enlarged
prostate—
no relief from
other
medical
men.

1. Three years ago he was seized with a frequent desire to urinate—worse during the night and after any extra exertion.

Symptoms.

2. Considerable pain in the lower part of the abdomen, “as if some one were tying a string around the neck of the bladder.”

3. The urine after standing deposited a thick glutinous sediment, and occasionally there was a sediment like “brick dust.”

4. Had passed blood in his urine on several occasions.

5. All his discomforts had increased in severity to such an extent as to necessitate giving up business.

The patient was placed under treatment, and on February 19th was much better; he had not passed water with such comfort for two years, and the urine had changed from a thick “pea soup” appearance to a natural colour. He urinated only four or five times a day, and then without pain, and was not disturbed at all during the night. His general health was improved in every way. The tongue, which had previously been thickly furred, became clean. The appetite returned; he slept well, and began to gain flesh, strength, and spirits. On March 12th he called to report himself “quite well,” and he was thus cured in one month of a disease he had suffered from for three years.

The writer's
treatment.

Cured in a
month.

The following letter, written in answer to enquiries by the writer, testifies to the patient's continued health four years afterwards.

“ Lordship Lane,
 “ Forest Hill,
 “ February 5th, 1888.

“ DEAR DOCTOR,

No return of
 the malady.

Grateful
 recollection.

“ I am happy to say I am in the enjoyment of excellent health. I have had no return of the painful malady from which I suffered, and of which you so skilfully, speedily and successfully cured me four years ago. Considering the length of time I was under treatment without deriving any benefit from others, I shall always retain grateful recollection of your skill and attention, and will most willingly testify to your superior treatment at all times.

“ Believe me,

“ Yours very sincerely,

“ C. S.”

No. 77.

Obstinate organic stricture of the urethra.

J. A., aged 38, married.

Obstinate
 organic
 stricture.

The particulars furnished by this patient show the following :—

Private
 treatment.

After a succession of gonorrhœas in early life, he began to suffer from difficulty in urinating, which gradually increased till the stream became very small and ultimately the urine dribbled away night and day. He was treated simply as for difficulty in passing water, without any examination of the urethra being made. Becoming eventually so ill as not to be able to attend to his daily duties, he resorted to Guy's Hospital, and was admitted 20th August, 1879.

Once at
 Guy's
 Hospital.

Thirteen
 weeks.

Before admission five surgeons had tried to introduce very small bougies, but had not succeeded. He remained in the Hospital until 20th November, 1879 (thirteen weeks), during which time the surgeons succeeded in getting the very smallest bougie only into the urethra.

Even the smallest bougie introduced could not be introduced a second time. Numerous surgeons were taken to see J. A., his case being so unyielding. Indeed, one of the surgeons used to call him the "Curiosity Shop." One surgeon took him in hand for a fortnight, then another, but without success. Ultimately one (who had previously treated the case) succeeded in finding a passage. The bougie was tied in for four hours, but it "worked out." After another attempt, for a whole week a small instrument was again introduced, and kept in for seven days, when this was taken out and an attempt made to insert another. After unsuccessful efforts made during another fortnight, other and more violent means were resorted to. He said:—"Olive oil and carbolic acid were injected and larger instruments employed by another surgeon. This brought on severe rigors, and made me so weak that I could hardly stand. I lost my appetite, and lost flesh; my temperature went up to 101·8, and my pulse rose to 130. The case was so severe and unusual that Mr. S. gave a lecture on it." J. A. stated further as follows:—"At this juncture I felt that they were experimenting upon me. I was getting worse instead of better, and being just able to crawl out of bed I came out, and as soon as I could, found my way to Dr. DAVID JONES's Home Hospital in Dean Street, Soho."

Regarded
as a
"curiosity."

Unsuccessful
efforts,]
—more
violent
means.

Patient
worse.

Surgeon
gave a
lecture on
the case.

J. A. entered the Hospital on December 2nd, 1879. His symptoms at that time were in perfect accord with the foregoing statement. After a succession of warm baths, and preparatory treatment, attempts were made to get through the stricture, which was at a distance of a little more than five-and-a-half inches from the meatus. The writer was just as unsuccessful with the usual method of employing bougies as were the other surgeons; but by adopting another plan, which he has found successful where the usual orthodox method has failed, he succeeded in dilating the stricture sufficiently to admit the urethrotome. The patient was placed under ether and operated upon, and ultimately, perfectly cured.

Patient
transferred
himself to
the Home
Hospital.

The writer's
treatment.

Urethro-
tomy.

Perfectly
cured.

The treatment after operation was very tedious, a succession of drawbacks having to be encountered. He had cystitis and orchitis — which occasionally follow “urethrotomy” — particularly in bad constitutions such as his. Each attack subsided, however, under gentle and soothing treatment; but to effect the cure nearly three months’ treatment was requisite instead of the usual fourteen days, or at most twenty-one days.

Still well two
years after.

In the latter part of 1881 the patient called on the writer and reported himself perfectly well.

ELECTROLYSIS IN URETHRAL STRICTURE.

Electrolysis is a technical expression from two Greek words, signifying a loosing or relieving by electricity, and may be popularly described as "the electric cure." Within the past few years it has received considerable development as a curative agent, and from a position of suspicion and distrust, has come to take a recognised place in medical science. Its claims are great and its character specific; and various diseases, before regarded as incurable, are held to be cured by its aid. Its consideration is certainly of surpassing interest, and plainly demands the attention of every one concerned in the treatment of disease. In respect of one intractable malady in particular, a recent article in an American professional publication is suggestive of thoughtfulness. "The New England Medical Monthly," of December, 1889, inquiring "What is the present status of electrolysis in the treatment of urethral stricture," remarks that "Not long ago, physicians and surgeons of repute flouted the treatment of urethral stricture by electrolysis; now, it is so generally and successfully practised that scarcely any one opposes it." This decisive change of opinion, it explains, "is undoubtedly due, first, to the better understanding of the electrolytic treatment as distinguished from 'galvano caustic'; and, secondly, to the successful treatment without relapse of a large number of cases (fully reported) by many physicians of high repute. It is undeniable," the article further declares, "that the method now adopted was first grasped and put forward by Dr. ROBERT NEWMAN, of New York, who, despite misrepresentations and abuse of the ignorant, has zealously laboured for eighteen years to perfect the instruments used and the technique of the operations, until by manifest success the most

"The Electric Cure."

In urethral stricture.

The Newman method.

sceptical are convinced." Coming to details, the success of "NEWMAN'S method" is attributed "entirely to the weak currents used, and the frequency of their application, which result in galvano chemical absorption of the diseased structure;" while the failure of MALLEZ and TRIPPER is set down to the employment of a stronger current, "galvano caustique," involving a caustic current, and not to electrolytic action. Hence the "failure of their method, and the triumph of the NEWMAN method."

Obviously, this new curative agent commends itself strongly to the consideration of every specialist, in the particular branch of surgery indicated; and the present writer cordially sympathises with his transatlantic brother, Dr. ROBERT NEWMAN, in the indomitable courage with which he has borne up against boorish opposition and ignorant clamour, and is ready to appreciate with candour his magnificent efforts in the cure of stricture by electrolysis. Moreover, he has no hesitation in expressing implicit confidence in the development of the new agent for purposes of urinary surgery. He feels constrained, however, to reserve his final judgment until he has been able to realise in his own practice, and in the experience of others, a wider range of cases than is yet available. Meanwhile, he will only remark, as to its application to stricture, that since this condition takes a long time, in some cases as much as thirty years, in fairly asserting itself, it is a moot question whether, after apparent cure by electrolysis, it might not recur, though in a similar slow degree. On the general question something more may be said. Electrolysis is now so frequently employed in ordinary surgery that, by a steady perusal of current medical records, fair ground is afforded for a right estimate of its value. Much of the range of inquiry has been satisfactorily cleared. Dr. APOSTOLI has convinced the medical world that fibroid tumours of excessive proportions can be dispersed by it, and illustrative casts in this regard which the writer was enabled to see in the

The writer's
confidence
in the new
agent.

Large
fibroid
tumours dis-
persed by it.

Doctor's Clinique in Paris inspired him with the belief that electrolysis has a brilliant future before it. Hæmorrhage, again, of the most uncontrollable character, has been arrested and cured under its influence; and patients thus suffering have been restored from a dying condition to hopefulness and health. Polypi in the uterus, in the rectum, in the nose, and in the ears, have given way before it; and fistulæ and sinuses, chronic ulcers, deposits in the throat and eyes, have yielded to it. These results are well ascertained and sufficiently established. Respecting the treatment of enlarged protstate, urethral and bladder affections, the writer hopes in the near future to record more extended experiences. He has already had many very successful cases, but is afraid of being premature in his opinion.

Polypi,
fistulæ,
chronic
ulcers, have
yielded to it.

SPERMATORRHŒA, GONORRHŒAL PROSTATITIS, &c.

No. 78.

*Inflammation of the prostate due to gonorrhœa
(gonorrhœal prostatitis), mistaken for "incurable
disease of the bladder."*

W. G. M., aged 39.

Inflamma-
tion of the
prostate due
to gonorrhœa

Consulted the writer on May 1st, 1878. He complained bitterly of having been "under treatment for two years without getting any relief." His local doctor had done all he could for him, and finding the case beyond his skill, suggested to the patient to consult an eminent surgeon connected with St. Bartholomew's Hospital. He did so, and was under treatment for two years. during which time he was sounded for stone three times, but none was found, and he was finally told that nothing more could be done for him, as he was suffering from "incurable disease of the mucous membrane of the bladder." He then went back to his former medical attendant and related to him the result of the surgeon's treatment. The doctor replied to the effect that he had tried all he knew in the shape of medicines, and as both he and the surgeon had failed to cure him, he advised a sea voyage as the only thing likely to be of use.

Two years
under
eminent
hospital
surgeon,
pronounced
incurable.

W. G. M. had an attack of gonorrhœa some time ago, and from that period had not been quite himself, and after several times being threatened with this disease, it fully developed itself as gonorrhœal prostatitis, two years prior to May, 1878.

His symptoms were as follow :—

1. Considerable pain at all times, but worse before and towards the end of passing water. Symptoms.

2. The pain was so spasmodic and violent before and after passing water, that he was obliged to take hold of something for support during the act. Urination at times attended with a discharge of blood. In November, 1877, he passed half-a-pint of blood.

3. The pain more severe near the entrance of the urethra, but it extended also along the perinæum to the anus.

4. Generally worse early in the morning, when a long time used to elapse before he could pass water.

5. The urine turbid, with occasionally a thick deposit, and contained traces of albumen.

6. The stream of urine was smaller than natural.

He was under “spray” treatment twice a week till May 22nd, when he said : “I think I am cured, sir : I have very little pain, and my urine is perfectly clear, and there is no deposit at the bottom of the chamber.” Spray treatment—cured in four weeks.

May 28th, he says :—“I appear cured.” He was told to come again if he did not continue well.

The following letter was received on August 12th, 1883 :

“To Dr. JONES.

“DEAR SIR,—Being one of many who have received great benefit under your treatment, I desire to relate the following circumstances in connection with my own case. The patient's account.

“It is now about seven years since I began to suffer from a very painful disease, experiencing great pain during and after passing water ; I was glad to lay hold of anything for support during the act, so great was the

pain. I used to pass water very frequently, and was then not able to empty the bladder, and I also passed a quantity of blood.

“I had advice from my own doctor, who sounded me for stone, but found none; he further recommended me to a hospital surgeon, a gentleman in high repute for these special cases. He also sounded me, thinking I had stone, but with a negative result, and after a long course of treatment, and finding no relief, and having been advised by a friend, who had read your book on ‘Diseases of the Bladder and Prostate,’ to consult you, I put myself under your care, and after a few months’ treatment I was perfectly cured. Five years have now elapsed, and I have had no return of the symptoms.”

Still well six
years after.

In a later letter, dated March 4th, 1884, he states: “I am happy to say I continue well; you are at perfect liberty to publish my case. With grateful remembrances, I am, yours truly,

W. G. M.

No. 79.

Spermatorrhœa and urethritis, followed by gonorrhœal prostatitis and cystitis—case regarded as hopeless—cured.

W. P., aged 21, single.

Spermatorrhœa and urethritis, and sequæces.

Had consulted some of the most eminent physicians in vain.

October 28th, 1875.—(1) Had been suffering for four years (but worse during the past two-and-a-half years) from most distressing symptoms which resisted every kind of treatment—had consulted some of the most eminent physicians and surgeons in London in vain—had been guilty of a common indiscretion for eight years. Four years ago he abandoned the habit for a time. (2) Afterwards, however, contracted gonorrhœa of a severe kind which for six months resisted ordinary remedies. (3) Soon after, considering himself well, he began to

suffer from bladder discomfort. (4) After this he became troubled with nocturnal discharges which occurred frequently twice and more during one night. (5) Constant bladder irritation now came on, which worried him greatly day and night—had more pain before passing water, half-an-hour afterwards extending to the groin along the course of the spermatic cord, which was enlarged. (6) He had a very dejected look, constant depression of spirits, occasionally a suicidal tendency. (7) Enlargement of the spermatic vessels for which he had worn a truss for several years. (8) His disease had been variously called “disease of the bladder and prostate,” “chronic inflammation of the prostate,” “irritable bladder,” etc., etc. On examination were found two ounces of residual urine common in most cases of prostatic disease and irritable bladder. The urine was turbid but retained a slightly acid reaction and was slightly albuminous. Under the microscope were seen blood globules; specific gravity of the urine was 1·018; it was highly phosphatic, turned thick on heating and effervesced briskly on the addition of nitric acid, but on account of the albumen it contained continued cloudy.—Medicine and galvanic treatment were tried.

Distressing
symptoms.

Examination.

The writer's
treatment.

On the 4th of November he reported himself better: “Very much better; I only pass water three times a day. I have a natural desire to do so, and satisfaction after the act is over.”

“Better.”

November 20th.—Without any explainable reason thinks himself worse—irritation of the bladder returned. He states: “I am a great deal more troubled during the night. I lost the nightly discomfort soon after commencing your treatment, but the inconvenience during the day continued.” Drew by catheter (after he had urinated naturally) two ounces of urine; it was very slightly turbid through an excess of phosphates. Heat and nitric acid quite cleared it, so that there was now no evidence of blood—could not account for his suffering—altered his treatment and he soon became much better.

"Quite well."

January 19th, 1876.—The patient was as on a former occasion very despondent. It appeared that he was desirous of getting married, but feared he would never be able to do so. Further appropriate remedies were employed and towards the end of March he reported himself "quite well." The writer saw him from time to time and found his prostate was reduced to its normal size. He could empty his bladder thoroughly, and the urinary secretion was quite normal. He was accordingly pronounced cured and advised to call if discomfort of any kind should return. But no intelligence was received from him till the following came to hand :

" October 28th, 1878.

Testimony—
rescued from
despair.

" DEAR SIR,—I dare say you have long considered me ungrateful for not writing as I promised to bear testimony to the beneficial results of your treatment.

" When I consulted you it was the last resource left for me—I never expected to get well, as all my previous efforts were fruitless. I was so truly wretched that words cannot express my condition. You know how stubborn my disease was and how frequently I told you that I would leave off all attempts to get well ; how I came week after week and month after month in utter despair. I assure you, sir, that but for your kind assurance to the contrary and your conviction that I should ultimately be cured, I know not what would have become of me. Should you have any patient in the same condition as I was in, please give them the same assurance as you did me and tell them the number of times I came to you shaking my head and saying, " No better, no better, sir." Still, thanks to God and you, I am perfectly restored to health.

" I am your ever grateful patient,

" W. P."

The writer wrote to Mr. W. P. in February, 1880, and received the following reply, from which it seems that the bladder inconvenience dates much earlier than is specified in the history given of his suffering. In a

letter dated 15th February, 1880, the following passages occur :—

“DEAR DR. JONES,—In answer to your note of the 7th instant, it gives me great pleasure to again bear testimony to the beneficial results of your treatment. I think, if I remember rightly, my bladder first became affected when about eleven years of age, although many years ago I can recollect being continually obliged to pass water. I can also recollect being chaffed by members of my family accordingly. The discomfort left me for a time but returned when I was about fifteen years of age (my present age being twenty-six), and I continued in that miserable state (suffering at the same time from another disease) until I came to see you. I tried one medical man after another, but gradually got worse. My life proved a burden instead of a pleasure, when with friends I was unsociable and was so irritable that it seemed I could not treat any one with even common civility. You can willingly show your patients these roughly written lines, and if their disease is like mine, bid them live in hopes, and persevere under your treatment as I did. I need not say more except to again thank you for the attention you paid to me and the care with which you studied my disease while under your treatment. Thanks for your inquiries, I have continued well since I last saw you. I shall always be too happy to testify to the benefit I have received at your hands if at any time you feel disposed to refer to me. Trusting you will accept my heartfelt thanks,

History of
the disease.

Tried other
medical
men.

“I remain, yours gratefully,

“W. P.”

No. 80.

Urethritis, spermatorrhœa, and tumour in the bladder.

O. A. R.

[COPY OF LETTER.]

"Bristol,

"October 11th, 1889.

"DEAR SIR,

Urethritis,
spermator-
rhœa, and
tumour.

"I have reason to fear that I have by my long silence deserved to be placed on the list of ungrateful patients.

"And I think the ingratitude of patients must be one of the hardest things a doctor has to bear.

"Yet I trust I am not ungrateful for your kindness, and I assuredly do not forget that to you I owe my cure and my life.

"Reduced
almost to a
skeleton."

Treatment
by four
English and
two
eminent
Spanish
practitioners
without
effect.

Restored by
the Spray
treatment.

"You will remember the wretched state I was in when, in the summer of 1886, I entered your "Home Hospital" reduced almost to a skeleton by urethritis, spermatorrhœa and tumour in the bladder. That I had been treated for a long time but only to grow worse; by four other English doctors and two medical gentlemen of high standing in Spain; and how with the application of your "Spray" treatment the work of restoration commenced. Under your treatment large quantities of black fœtid pus and blood were passed with some pain but without any surgical operation upon the bladder.

"Now I am thankful to say that increased vitality and strength, though accumulated gradually, warrant the confident anticipation that I shall soon have the complete restoration I have so much longed for.

"When in a better position, I hope to seek you out a second time, to thank you personally for all that you have done for me.

"In the meantime, please, in the interest of poor sufferers, consider yourself at liberty to make any use

whatever of this letter, reserving only for private reference the name and address.

"I shall be most happy to write out at any time, for any inquirer, as concisely and correctly as I can, a synopsis of my case and the history of its treatment, and shall always consider it a privilege to attest the genuineness of my wonderful cure, and to answer private inquiries recommended by you.

"I desire to offer to your son, Dr. GORDON JONES, for his unremitting kindness and attention to my case, my sincerest thanks and deepest regards. Accept, dear sir, this slight expression of gratitude, already too long delayed, from one of the many whom you have restored to life, and believe me, ever devotedly yours,

Acknowledgments.

"O. A. R."

No. 81.

Disease of the prostate of long standing—occupying nearly a year before treatment could be left off—the remote cause gonorrhœa in early life.

B. H., aged 64.

The description given by this patient of the sufferings which preceded his more recent and severe attacks made it evident to the writer that the gonorrhœa contracted on two distinct occasions in former years had greatly contributed to his present condition. Though attended by eminent medical men from time to time, gonorrhœal prostatitis had unquestionably existed for some time. In the early part of 1880 he became worse and consulted various medical men. Though fluctuating in his condition under treatment, he was nevertheless seldom free from discomfort.

Prostatic disease due to gonorrhœa.

Attended by eminent medical men, but grew worse.

Consulted
the writer at
the Home
Hospital.

In the year 1881 he presented himself to the writer at the Home Hospital in Dean Street, Soho, with well marked symptoms of chronic enlargement of the prostate. He had frequent urination at night, attended with considerable pain. The urine was cloudy and loaded with mucus.

Treatment.

Soon after the treatment had commenced, under the care of one of the writer's assistants, he had a sharp attack of orchitis, and the treatment had to be suspended. The urinary trouble now became more alarming, and he had to pass water at times every five or ten minutes at night,—the frequency during the day being about once every hour.

The Spray.

On the 27th April, 1881, he came under the writer's personal attention. His symptoms were then about the same as those above described.—Specific remedies and the Spray treatment were administered.

Improve-
ment.

The urine, which could not be expelled by natural efforts, amounted only to two-and-a-half ounces, and it took a long time to reduce it, and even when there was evidence of improvement it did not last, as in the majority of similar cases treated by the writer. For instance, the entry in the "case book" under date 18th June, 1881, showed the residuary urine reduced to six drams only. He nevertheless stated: "I am very much better—the pain is quite gone, and instead of passing water every few minutes I can go two hours, and when the call comes on me while serving a customer I can wait for ten minutes without the same uneasiness I used to experience, and when afterwards I empty the bladder I do so naturally and with very slight pain."

The treatment was pursued and on the 29th of June the residuary urine is found to be seven drams, *i.e.*, one dram *more* than on the former occasion.

On the 16th July the residuary urine is reduced to two drams.

On the 30th of the same month the patient reports himself "all but well."

In August (23rd) he is again a little worse, but the residuary urine amounted to two drams only.

On the 10th September he is much better again—the residuary urine is only thirty drops.

From this latter date down to the present time he has had little or no discomfort, the amount of urine which he cannot expel from the bladder has not increased and his condition is such as to enable him to say: “I would never grumble if I continued always as I am now.”

“Never
complain if
always as
now.”

NOTE.

This case is by no means typical of *ordinary* chronic enlargement, but of chronic enlargement coming on very gradually after disease contracted in early life. In other words, it was a case of specific chronic inflammation of the prostate. The gland had been enlarging very gradually. The length of time it had been growing had produced more compactness, more hardness so to speak, in the gland structure. The enlargement was not great, so that the residuary urine never amounted to more than two-and-a-half ounces. The median portion of the prostate was the part chiefly affected—a slight enlargement of which portion will occasion more discomfort than considerable enlargement of the lateral portions, inasmuch as it interferes more with the function of urination. Cases of prostatic enlargement which take a long time to become hypertrophied (enlarged) are always more difficult to cure. And if in addition there is or has been specific disease, such as gonorrhœa or syphilis, the cure is still more tedious. Tubercular and cancerous depositions partake of the same character.

Remarks

These remarks are added to show the reader that much more time is required for the cure of specific cases than for the cure of the more common forms of enlarged prostate which generally yield readily to the writer's treatment.

THE SPRAY TREATMENT IN VETERINARY SURGERY.

While the writer has no wish to encroach on the domain of veterinary surgery, he is yet desirous of proving the universality of application of his "Spray treatment" in diseases of the bladder, and publishes the following as a case in point.

No. 82.

A valuable and favourite cob, the property of C. G. DUFF, Esq., of 1, Lennox Gardens, had been suffering for a long time with disease of the bladder, occasioning constant and painful urination. When in harness, or at exercise, the animal would suddenly stop and strain violently, his body at the same time being convulsively distorted; this was attended with groaning and occasional sweating. His head would be turned anxiously towards the flank, indicating that the pain came from that region. In addition to the above symptoms, he was frequently seized with a paroxysm, when he would shift from side to side in his box kicking violently; which symptoms veterinary surgeons inform the writer, are evidence of acute pain in the bladder. The owner sought the advice of an experienced veterinary surgeon in his neighbourhood, who closely attended upon the patient for some time; but the poor animal deriving little or no benefit, a consultation was suggested with an eminent surgeon, a Fellow of the Royal College of Veterinary Surgeons. For nearly an hour an attempt was made to introduce a catheter, but the instrument failing to reach the bladder, owing to (as was supposed) "thickening of the urethral canal," further attempt was declared useless. The animal was declared to be incurable, and the owner advised to get rid of it. The veterinary surgeon who first attended the cob, being acquainted with the writer, and knowing his success in bladder cases said to be "incurable," in the human species, called upon him and

The Spray
treatment
in
Veterinary
Surgery.

Bladder
disease in a
cob.

Declared
incurable.

asked if he would undertake the treatment of such a case. He gladly did so, feeling assured that the "Spray" treatment would meet it. An examination of the urinary secretion was first instituted, which was found to be alkaline in character, and contained mucus to the amount of 33 per cent., very thick and highly adhesive and offensive, clearly showing severe cystitis. After consultation on the case, a plan of treatment was laid down and carried out. The administration of a few "sprays" speedily restored the poor suffering cob to the owner, perfectly cured.

The writer
appealed to.

Cured with a
few sprays.

The writer does not claim the above cure to be due entirely to himself; indeed, it is but just to say that, but for the useful mechanical hints of his son, in the preparation of the necessary instruments, and the valuable and intelligent co-operation of the surgeon in attendance, it is very doubtful if he would have been able to carry out the treatment. All admit, however, that but for the "Spray" treatment the cure would not have been effected.

Mechanical
hints by Dr.
Gordon
Jones.

The owner has willingly consented to verify the above statement, as will be seen by the following letter, written seven months after the treatment:

I, LENNOX GARDENS,

May 12th, 1890.

DEAR DR. JONES,

Please make any use you like of my name as a reference. Your cure of my cob was *perfect*, and I am most grateful to you.

Verification.

Yours truly,
C. G. DUFF.

CASES

BY

DR. GORDON JONES.

No. 83.

*Reputed paralysis of the bladder and lower extremities,
accompanied by extensive dropsy and
bed sores.*

F. L. M., 63, widower.

Reputed
paralysis of
the bladder,
with compli-
cations.

Treated by a
Guy's Hos-
pital surgeon
also in the
hospital.

No benefit—
urination
frequent and
painful.

Pronounced
incurable.

Other medi-
cal advice un-
availing.

The patient dates his disease as commencing twenty years ago, and culminating upon the death of his wife, supplemented by financial difficulties. About this time he was seized with giddiness, followed by loss of power, numbness in the upper and lower extremities, together with constant urinary irritation, said to be due to his paralysed condition, for which he was treated for fifteen months by one of the surgeons to Guy's Hospital. Deriving no benefit, he was advised to undergo a course of electrical treatment at Guy's Hospital. He did so, and electricity was applied to the neck of the bladder, by means of a metallic tipped bougie, three times a week, but without affording relief, for he was compelled to urinate every half-hour, in great pain, both night and day, and this condition was maintained for several years. He now consulted Dr. S—, who said his case was incurable, and advised him to spend no more money upon doctors—who could do him no good—but to seek admission into some “Home for Incurables.” In spite of this advice he sought the aid of Dr. G—, and saw him on and off for a considerable time, but

without relief. Finding that his case was looked upon as hopeless, he determined to see no more doctors, but getting still worse, was persuaded to go to St. Thomas' Hospital Home, where, however, he was refused admittance, as his case was an "incurable" one. He then tried Bolingbroke Hospital, and was an in-patient for three months, but as the case was considered hopeless, very little treatment was prescribed for him. Hydropathic treatment was next recommended, and he entered the Matlock Bridge Establishment, under the care of Dr. H——, who, after a careful examination, pronounced him incurable. He stayed there, nevertheless, for twelve months, during which time the urinary trouble was intolerable. The urine was loaded with mucus, and highly ammoniacal, due, it was said, to the paralysis of the bladder. Nothing gave him the least relief, and he left at the end of a year for Bognor, Sussex, from whence he went to Southampton, but the change of air did no good, and in despair, he went to Jersey "to hide himself from the eyes of the world," as he expressed it. His bladder trouble continued excessive, and he had the advice of Mr. H——, who was very kind and attentive. After a time, family and business matters took him to London again, and he was advised to enter the Hospital for Paralysis, as a private patient. He did so, and for the second time came in contact with Dr. G——, who took charge of his case the whole time. A sojourn of some months afforded no relief, and he expressed a wish to leave, but the doctor urged him to remain. His condition, however, was so extreme, that to use his own words, "I could neither sit, sleep or stand; I was like a caged animal, and I am certain that, had I stayed in the place, I should have lost my reason."

Hydropathic treatment proved useless.

No relief at the Hospital for Paralysis.

Despairing: could neither sit, sleep nor stand.

He then went to a specialist in massage treatment and underwent his Swedish system of massage, but this, like all previous treatment, proved abortive, and he became, if anything, worse. For a second time he migrated to Jersey for the winter, and

Swedish system of massage abortive.

while there was obliged to call in the services of Mr. HIND to draw of the urine, absolute inability to pass water having set in. This gentleman gave him great relief, and advised him to use the catheter himself, which he did, with great experience of comfort. In the May of 1889, he had again occasion to visit London, and was persuaded to consult the specialist for urinary diseases in Harness's Electropathic and Zander Institute, Oxford Street, at which place he was subjected to massage and electricity, which he was assured would cure him. He wore also one of the belts recommended, but with negative results.

Electro-
pathic and
Zander Insti-
tute—no
benefit.

Continental
experts, in-
cluding
Ricord — all
unavailing.

His next move was to ~~Pisa~~ *Paris*, where he consulted, among others, the celebrated specialist, M. RICORD. In Paris, as elsewhere, he was told that the bladder trouble was due to paralysis. Deriving no benefit, he made his way to Bastia, in Corsica, arriving there in September of 1889. He saw several medical men, all of whom assigned his trouble to paralysis. Dr. SKENTZ, among others, was called in consultation, and came to the conclusion that he was suffering from "Bright's disease of the kidneys," in addition to paralysis and catarrh of the bladder, and recommended that the bladder be washed out frequently with boracic solution. This treatment was carried out without benefit, and he was advised to spend the winter in France, which he did at the little town of Issoire—Puy de Dôme. Deriving no benefit, he moved on to Leghorn, and from there to Pisa, where he arrived on March 26th, 1890, and entered Dr. CALDERAI's Casa di Sante. A consultation was held with several surgeons, among whom was PROFESSOR GRONO, of the University of Pisa. Medicine was prescribed together with washing out the bladder, but without any material benefit.

Entered the
writer's
Home Hos-
pital.

About this time being almost tired of life, he saw by accident an advertisement of the writer's book (a previous edition of the present work) in an English newspaper, and wrote for a copy of it. After carefully reading it, he made up his mind to come over to England and consult the

author of the book which contained so many successful cures. Came over to England, and entered the author's Hospital, at No. 10, Dean Street, Soho. Dr. GORDON JONES, who was taking charge of the practice in the author's absence, saw him, and upon an examination discovered stone in the bladder, which had been entirely overlooked by all former medical men. Great care was necessary in dealing with this case. Preparatory treatment had to be applied for some time. The patient's general health was at a very low ebb. His paralysed (?) condition rendered him almost helpless. Both legs were dropsical up to the hips, and quite beyond the control of the patient as regards movement. To complicate matters, there were frequent attacks of diarrhœa. In addition to this he had hardly any control over the bladder; the urine was extremely fœtid, and escaped involuntarily, and owing to the patient's helpless condition and want of proper nursing, large bed sores had developed in the region of the nates and lumbar region. His whole general condition was such as to give grave apprehension as to ultimate recovery. He had no relish for food of any kind, and in fact had given way to a condition of helpless apathy. Careful nursing and attention to hygienic details soon wrought an improvement. The bed sores healed, the appetite returned, the diarrhœa and irritable bladder were brought under control, and in due course he got well enough to undergo an operation for the removal of stone, which was for safety done in three stages, a portion of the stone being removed each time. For so serious and protracted a case, the patient stood each operation well. When it is considered that dropsy had appeared in his legs from the time he went to Bolingbroke Hospital, and had gradually increased until he came under the writer's son, it is remarkable that he made such a good recovery. This was indeed a case that must have succumbed, but for the "Spray" treatment, judicious surgical procedure, and scrupulous care and unremitting attention on the part of his two nurses.

Dr. Gordon Jones discovered stone in the bladder.

Low condition—preliminary treatment

Stone removed.

Good recovery—the Spray treatment.

The patient soon began to move about the house with considerable ease, and was able to take daily excursions in a hansom cab. The writer has little doubt but that the greater part of the bladder trouble may be referred back to the commencement of the patient's illness 20 years ago, and that like Case No. 25 (the Honble. L. D. E.) and Case No. 38 (C. B. D.), reported in this edition, he was treated by his medical attendants for a wrong disease, and that the calculus recently removed was the sole cause of the whole of his trouble. The patient is now (September, 1891), undergoing electrical treatment for the paralytic symptoms, with what the writer thinks the most hopeful chances of permanent recovery.

Well enough
to leave—
marriage.

October 1st, 1891.—The treatment for the paralytic symptoms has resulted very favourably, and the patient thinks himself well enough to leave the Home Hospital. He has not wholly recovered the use of his limbs; but he feels so far restored as to resolve on a matrimonial alliance which he had contemplated; and his marriage was to be celebrated on the 2nd instant.

REMARKS.

Remarks.

What will immediately strike the sympathetic reader in this case is the very heavy suffering the patient had endured and the long period of time over which it extended. Constant urinary irritation, culminating at half-hourly intervals, day and night with extreme pain, and going on more or less for 20 years, would seem a marvel of affliction, but we know that it is equalled in many other bladder cases which even notable experts and specialists have failed to understand. And when other distressing conditions wrongly referred to paralysis are added, the loss of power in the lower limbs and the physical helplessness which supervened—only heroic fortitude could bear up against the trial. At one time, when in the Hospital for Paralysis, the patient confesses that, "unable to sleep, sit, or stand," he was in danger of losing his reason. The source of the sufferer's exemplary fortitude may be found in the undying hope

Heavy
suffering
more or less
for 20 years.

which seems never to have forsaken him. Having fully but vainly tried, as time dragged wearily on, not only the best available help, but every promising resource within his knowledge that was open—the hospital doctors, Guy's, Bolingbroke Hospital, a Hydropathic Establishment, Hospital for Paralysis, Swedish system of massage, Electropathic and Zander Institute, and having, moreover, consulted the ablest physicians throughout Europe, including the celebrated Ricord, of Paris, all without relief, he ought according to common human judgment to have despaired. Was he not open to the charge of perversity and fanaticism to hope further? And when authoritatively told, over and again, to spend no more money on doctors, but betake himself to a Hospital for Incurables, what was left him, on practical grounds, but to go there and to wait in suffering for the end? But he went on hoping. What strength he had he spent in continued effort till at length, on coming to the writer's Home Hospital in Dean Street, he was hardly capable of more. Helpless from what appeared the paralysed condition of the lower limbs, dropsical up to the hips, with frequent attacks of diarrhœa, appetite gone, troubled with bed sores, scarcely any control over the bladder, and mentally reduced to apathy, his capacity was run out. Yet hope, so far as the patient was capable of any sentiment at all, set up a lively revival. And why? He had seen the writer's book, a previous edition of the present work, wherein he read of a successful issue to cases as desperate as his own—cases deliberately abandoned by the eminent medical world at home, gravely given up by the most trusted continental physicians, and by all with unanimity solemnly pronounced incurable. Hence the hope revived. To those who look inquiringly into the facts, a hope not at all unreasonable.

Failure of every resource known to the patient

Ultimate exhausted condition.

Hope.

Cases cured by the writer as bad as patient's own.

The cause of this patient's sufferings, there can be little doubt, from the very outset, 20 years before, was stone in the bladder. It is seen that, as soon as the stone is removed, his urinary affliction is at an end, and

The true cause.

with it the urinary weakness, so that he ceases from desire at short periods and urinates at natural intervals. Why did not some one or other of the hospital experts discover that the patient suffered from stone? They do not appear to have even suspected its presence. For them the case was one of paralysis, and in their view the urinary symptoms were due to loss of power by the bladder, which was involved in it. Yet Dr. GORDON JONES, on undertaking the case, at once suspected stone, which upon examination was verified. He suspected the cause which others had failed to conjecture. They took as the disease that which was the effect, namely, what they assumed to be paralysis, and they ignored the cause, the stone in the bladder, which never occurred to them at all. Let us diligently seek practical truth, whatever the event. The writer does not herein exalt his son at the expense of others. The men upon whose failure he hopes to have built a permanent cure are not only capable, but deservedly eminent—few men attain to eminence who do not fully deserve it; and in their generation they do much for mankind. The point is that, like so many eminent practitioners in other instances cited in this book, they failed in a serious bladder case, and not only failed, but never even approached so much as in theory the actual facts; but, on the contrary, unanimously mistook the disease for something else. It is idle, out of mere professional courtesy, and would be unfair to sufferers from such affections, overwhelming as their sufferings too often are, to shirk the manifest truth, unwelcome and displeasing as it may be. They have not the means for the purpose. Yet some of the celebrities whom this long-suffering patient consulted might, on the knowledge they possess—the knowledge which they have not, they cannot be guided by—have suspected something behind what they hastily assumed to be paralysis. It is well known, for example, that by stricture of the urethra symptoms may be occasioned in the lower limbs closely resembling paralysis, the loss of power being the effect of the stricture. Two such cases

Stone overlooked by all others.

Suspected and verified by Dr. Gordon Jones.

Might have been suspected by others.

have at different times come under the writer's care, the seeming paralysis being due to what is termed "reflex action," but in both cases, just as the stone in the bladder in the case before us, the stricture was overlooked by able physicians and surgeons. Both patients were cured of the seeming paralysis by the cure of the stricture, and each left his crutches behind as a trophy—the most significant they could surrender in token of the writer's success.

It is regrettable that the patient in this case did not come under Dr. GORDON or the writer's own care at an earlier stage of his heavy and exhausting suffering, when the cure by the detection and removal of the stone might well have been both prompt and simple. As it was, what with the patient's somewhat advanced age, the length of time the diseased condition was allowed to continue, and the extremely low physical state he was reduced to, difficulties were presented which were evidently hard to overcome. It was hopeful, however, that the limbs which were regarded as paralysed began, after the removal of the stone, to show signs of vitality, and some confidence was entertained that, by means of well directed electrical appliances, the power of locomotion would be restored.

That the patient did not wait for the completion of treatment, but soon began to feel well enough to leave the Home Hospital, is sufficiently significant as to its efficacy. His marriage forthwith, on October 2nd, marked a happy issue to a despairing and dying case which hospital experts at home and eminent specialists abroad had disastrously mistaken—owing to inadequate knowledge of bladder diseases which is not professionally discreditable because all but universal—and consigned to a refuge for incurables what they had not the special capacity to comprehend.

Happy
issue.

No. 84.

*Stone in the bladder, wrongly treated for two years—
superiority and advantage of the Spray treatment.*

Mr. W.

tone in the
bladder.

Sounded by
local doctor
—assured
there was
none.

Assurance
confirmed by
lecturer at
Guy's.

Suffering
referred to
enlargement
of the pros-
tate—"noth-
ing more
could be
done."

Patient
entered the
Home
Hospital.

He first noticed two years ago that his urine was cloudy when passed, and that a thick sediment would often be deposited after it had stood for any length of time. At the same time he noticed that the inclination to pass water was getting more frequent, a condition which was increased after walking or riding in a vehicle. There was also pain over the pubic region and at the extremity of the urethra, and his general health was gradually becoming worse. He sought the advice of a local doctor, who treated him for a long time without relieving his urinary trouble, although his general health improved somewhat. He was twice sounded for stone in the bladder, with a negative result, and he was assured there was none. After continuing treatment on and off for two years, with no material relief, his doctor suggested having a second opinion, and, the patient agreeing, took him to Mr. —, surgeon to, and lecturer at Guy's Hospital. After an examination extending over fifteen minutes, this gentleman assured him most emphatically that there was no stone in the bladder, but that there was considerable enlargement of the prostate, which was the cause of all his trouble. He said nothing more could be done for him, and advised him to try and put up with his condition as well as he could. Thoroughly discouraged and down-hearted, he happened about this time to hear of the "Home Hospital," and determined to see if he could obtain relief there. Upon mentioning this determination to his medical man, he was told that it was hopeless to expect relief, as after the opinion of the Guy's surgeon, it was very evident that nothing more could be done in his case. Firm in his own belief, however, he entered the Home Hospital on October 7th,

1891. His symptoms pointed unmistakably to stone, and after a few preliminary applications of the Spray treatment to improve the condition of the bladder, which was very bad, he was examined by the writer's son, who immediately discovered a stone of considerable size, and operated upon him on October 15th, and a second time on November 3rd, when the whole of the stone was successfully removed. The patient made a good recovery and left the hospital on November 18th, highly delighted and full of gratitude at being restored to health, after having been told his condition was "incurable."

Stone unmistakable—
preliminary
Spray treatment.

Removed—
good
recovery.

This case is interesting from the fact that, although the patient's medical man, and the hospital surgeon, both suspected the presence of stone, yet neither of them was able to discover it. This inability the writer attributes to the fact of the bladder being in such a disorganized condition and full of mucus. A few applications of the "Spray" so far improved this condition as to render discovery of the stone a comparatively easy matter. There was only slight enlargement of the prostate, chiefly inflammatory, and this has materially subsided since the removal of the stone, and in all probability will never trouble him again.

It may be mentioned here that Mr. W——, whose satisfactory recovery from a pronounced "incurable" condition is described above, will gladly verify the cure of Mr. Michaelli, the subject of the previous case (No. 83.) Mr. Michaelli, having married on leaving the Home Hospital, has gone abroad; but Mr. W——, who, as a patient in the Home, is cognizant of the facts, is quite willing to testify to the case.

Remarks.

CLOSING REMARKS ON THE CASES.

Closing
remarks.

The cases
selected are
typical.

None but the
writer's
treatment
has given
aught but
temporary
relief.

Generally,
he cures in
from three to
six weeks.

Does not
give up stub-
born cases.

Complica-
tions.

Relief at
least
obtained.

The sexes
compared as
to bladder
and urinary
diseases.

The cases here presented to the reader have been selected as typical of bladder affections such as frequently present themselves to the specialist—each case having its own individual peculiarities—but to which down to the present time no plan of treatment other than that adopted by the writer has given more than temporary relief. The majority of the cases treated by the writer have been radically cured in from three to six weeks. Some have occupied nine weeks. When the symptoms do not yield within the ordinary time the case is regarded as very stubborn, and although the writer does not give up such cases as beyond cure he thinks it desirable to mention such possible stubbornness in order that patients may not be disappointed if the disease does not so speedily respond to treatment as desired. Usually, when the case proves difficult to cure, there is some organic complication such as “Bright’s disease,” or some other disease of the kidneys, liver, or lungs. Impacted stone in the kidneys or bladder is another complication very difficult to manage. Cancer of the same organs also very seriously interferes with and retards the treatment. But be the cause what it may, relief at least is obtained by the writer’s method of treatment, and far more effectually than by the administration of opiates or chlorodyne, whether administered medicinally or by subcutaneous injection, or by suppositories. Disease of the bladder is said to be far more common in the male than in the female, owing to the more complicated nature of the genito-urinary system in the male sex. Although prostatic disease enters very largely into the cause of many of the symptoms of urinary trouble, and stone in the bladder is more common in the male than in the female, the writer’s experience nevertheless leads him to the conclusion that the proportion in both sexes is after all nearly equal. For, while the prostate plays an important

part in producing urinary troubles in the male, the womb and ovaries produce a great number of urinary troubles in the female, arising mostly from mechanical causes such as tumours, uterine misplacement or disturbance of the nerves which supply those parts, curable by removing the mechanical causes or treating the nervous origin—as will be seen by reference to the cases of women reported in this edition.

Considering the frequency with which diseases of the bladder occur in women, it is somewhat surprising that no medical or surgical writer has heretofore drawn special attention to the subject. There are numerous works on “Diseases of Women,” and of recent date, too, in England, France, Germany, and America, but diseases of the bladder in the female have been passed over with very few remarks. No attempt appears to have been made to classify them as has been done with diseases of the bladder in the male sex, on which subject plenty of books have been written.

Diseases of the bladder in women—comparative silence by medical writers.

It may be useful to the general reader to mention that the specific subject of this work, “Stone and Diseases of the Bladder and Prostate,” does not by any means express all the forms of disease oftentimes associated with or resulting from the diseases thus specified, and coming within the cognizance of the specialist.

The present work not exhaustive of the subject.

Many diseases having ordinarily certain distinctive names, under which they are likely to be regarded as not having a genito-urinary origin, may notwithstanding have such an origin. A long list might be given—a few only can be here mentioned. For instance—(1) In *young persons*:—diseases of the nervous system, due to early indiscretion, loss of nerve power, inducing depression of spirits, and not unfrequently epilepsy, the treatment of which, if applied without reference to the originating cause, is little likely to be successful. (2) In *adults*:—dyspepsia, irritability of disposition—softening of the brain and spinal cord—general paralysis—disease of the kidneys, not unfrequently associated with and treated for “Bright’s disease of the kidneys,” the real cause being,

Many diseases traceable to genito-urinary origin, though not recognised.

probably, some chronic urethral discharge or stricture. Affections of the eye, skin, throat, and lungs, also frequently supervene on a poisoned state of the blood, traceable, it may be, to syphilis or other debilitating causes.

Intimate
association
of varieties
of disease.

All these, with others, may really have more or less remotely a genito-urinary origin. Such, indeed, is the connection oftentimes existing between one disease and another, that amid the large number of cases presented to the specialist he frequently finds himself compelled to treat diseases which would not, perhaps, be regarded as strictly within the range of his speciality, and thus his functions may embrace a sphere not dissimilar, in extent, to that of the general physician. The peculiar value, however, of the services of the specialist is shown where his diagnosis reveals the *origin* of the disease, thus leading to treatment of its cause, rather than of its effects, and consequently inspiring more reasonable and better grounded hopes of success.

A VINDICATION.

*The objections of the Profession—verification of cases—
“professional delicacy”—publication of the writer’s
views and experiences—categorical formulation
of his claims—their confirmation.*

Vindication.

If the writer was unconscious of the need of authenticating his published cases, which of course he never was, there has been no lack of watchful critics to bring the deficiency home. In the earlier issues of the present work, those presented by way of illustration, it is true, were generally distinguished only by the initials of the patients, without mention even of their places of residence. Not from a motive of concealment on the part of the writer, but because the patients themselves were entitled to have their privacy respected. His professional

Verification
of cases.

adversaries, of whom he is honoured with many, were not slow to perceive their advantage. Tacitly admitting that the cases for the most part were pregnant with significance, they found occasion to point the sneer, "any one may publish wonderful cases that can be palmed off on the public with initials." Really, however, the writer is under no temptation to manufacture professional experiences. Those which he has published are typical selections prominent among hundreds occurring in the course of years. The implied reproach was unworthy of answer, but the public, to whom the writer addresses himself, have a right to the assurance that the examples before them are something more than mythical. In more recent editions, therefore, permission was obtained, generally with willingness and rarely with reluctance, either for the open publication of patients' names and addresses, or else for a reference by which identity could be verified. Furthermore, in most cases the recovered patients expressed themselves perfectly ready to furnish any relevant information. An Appendix at the end of this volume affords full authentication, with the facility also of direct communication. The cases published in detail in the present work, which includes the second edition of "Urinary Diseases"* (edited by the writer's son, Dr. GORDON G. JONES) ought, in truth, to satisfy the professional critics as they evidently do the suffering portion of the public concerned. With a view, too, of obviating further possible cavil, the names of physicians and surgeons treating patients unsuccessfully who were afterwards successfully cured by the writer, though, in order to avoid the appearance of personal reproach, they are not set out in this work, may be obtained on reference to the patients themselves; and a list of the public hospitals and infirmaries at which

Reference to
patients'
names and
addresses
with consent.

To be found
in Appendix.

Reference
made also to
names of
physicians
and surgeons
unsuccess-
fully treating
cases after-
wards cured
by the
writer.

* Urinary Diseases : Analysis of 500 cases of Stone, Stricture, Diseases of the Bladder and Prostate, and Obscure and supposed Incurable Diseases of the Genito-urinary System in both Sexes. By DAVID JONES, M.D. &c. Second edition. Edited by GORDON JONES, Surgeon to the Home Hospital for Urinary Diseases, 10, Dean Street, Soho. London : Simpkin, Marshall & Co.; C. Mitchell & Co. (Red Lion Court, Fleet Street).

patients were unsuccessfully treated and afterwards cured at the writer's hands, will be found in the introductory part of the volume at page xxix. Again, however, the writer falls short of satisfying his professional objectors, who are first dissatisfied with the want of means for verification, and then with the best and fullest means that can be offered. They are evidently driven into a corner. They next complain of the indelicacy of personal disclosure in the case of professional men. Why then, by taunts and inuendoes, did they practically compel it? They throw every doubt that can be suggested on the writer's published records, and then complain of the necessary information afforded for clearing them up. What is it they want? Their requirements are mutually contradictory and cannot be satisfied. The writer therefore relinquishes his efforts to content them, and henceforth will consider only the suffering part of the public with whom he is immediately concerned, and whom alone he will seek to assure that his methods of diagnosis and his means of cure are such as to bear out what he professes to accomplish. Nothing, he would add meanwhile, is more congenial to him than the cultivation of that professional delicacy of which he is so severely reminded; but delicacy that is not reciprocal is apt to eat itself away, and his professional friends ought not to be surprised if, in vindicating himself against their reproach of indelicacy, springing obviously from their jealousy, he finds himself compelled to disregard it.

Taunts and inuendoes.

Professional delicacy.

Propriety of publication —the writer's exceptionally successful diagnoses and the value of his treatment.

As to the propriety of publishing his views and experiences, if that is to be contested, the writer will offer only one remark. His exceptionally successful diagnoses as well as the value of his treatment are either true or they are false. If true, the afflicted portion of the public ought clearly to have the fact brought home to them. If false, the medical profession at large are bound to inquire into the pretension and expose the error. In either case, where so much is claimed publication is justifiable as a duty. That the Profession, who are recognised as the guardians of the public

interest in all that pertains to health and physical well-being, may be facilitated in doing their part in the writer's regard, he herein furnishes materials for examination and criticism, and formally invites a systematic refutation of what he has done in the past and continues to do in the present. Therefore, if the reader will pardon the apparent presumption for the sake of the logical accuracy, he categorically formulates his pretensions:

Materials for
examination
and
criticism.

Formulation
of the writer's
claims.

1. That every case he has published is in every essential and material respect *absolutely true*.
2. That he has peculiar means at command of diagnosing stone as well as other diseases of the bladder and prostate ("obscure" as they are called), which high medical and surgical authorities the world over do not possess, and they have therefore failed to diagnose, to cure, or even to relieve cases in which he has perfectly succeeded.
3. That, further, in many of the cases he has cured, but for him the patients must have died years ago of stone in the bladder, without any one being cognisant of it. Timely application to him has resulted in their restoration to health.

In confirmation of this last assertion, he points particularly to the cases of Captain A. C. CLARK, R.N., of Bombay, of Admiral Sir GEORGE ELLIOT, K.C.B., of the Hon. L. D. E., of the Rev. THOMAS HEATHCOTE (since however deceased), of Mr. DAVID BOWTLE, and Mrs. E. HARSANT, and he could easily add many more, In many of them the success was mainly due to the "Spray treatment," which enabled the cause of the trouble to be discovered, and allowed the stones to be removed. In these cited cases, or in most of them, in fact, the most eminent specialists in England, France, India, and in Germany, had made repeated examinations, and declared that no stone was present, yet the application of the Spray treatment soon made it evident they were wrong, and the writer was with little or no difficulty enabled to remove the calculus. In conclusion,

Confirma-
tion.

Immense
advantages
of his
treatment.

Objections of
the
profession
generally
frivolous,
sometimes
bordering on
malice.

the writer will only add that, to establish the fact that his treatment has immense advantages over all other known means, he offers the best evidence in his power, and the cases above cited, taken alone, ought surely to bring home conviction to every unbiassed mind. If indeed the reader would take heed of the pitiful accounts of the patient's sufferings, after failure elsewhere, and given by themselves in coming for the writer's assistance, as contrasted with their satisfaction and gratitude on recovery, he would cease to regard the hostile complaints of interested medical men. The objections of the profession, too often frivolous and selfish, develop not infrequently beyond selfishness into malice. A certain practitioner in Tavistock Square, for example, refused to come and witness an operation by the writer upon that gentleman's own relative, because forsooth, the writer was a homœopath. What immediate connection is there between homœopathic treatment and operative surgery? And where, the writer may be permitted to ask, is the "professional delicacy?"

GRATEFUL REGARDS OF PAST PATIENTS.

LOOKING casually over the present edition, now nearing its close, the reader will notice how large a share of it is contributed in the shape of correspondence by patients themselves. For the most part, these letters are written after recovery; and they show, with undeviating uniformity, the fullest satisfaction with the treatment experienced. Most of them are couched in terms of the sincerest thankfulness, all are cordially appreciative, and many offer the warmest expressions of gratitude. Often, the cases are of what may be called the desperate class, that fall so liberally to the writer's lot—cases authoritatively pronounced "hopelessly incurable," as they no doubt were by the practitioners, eminent and otherwise, who had them in hand—cases turned out of hospitals after months of fruitless, often distressing and aggravating treatment—cases where, after years of poignant suffering and eventual despair the patient has given up hope, and thought only of preparation for eternity—cases where the medical skill of the United Kingdom, British India, and the Continent of Europe, had been ransacked in vain—cases even where from birth to mature age the patient has suffered under false diagnosis and mistaken treatment by the most eminent and reputedly capable—where, after years of torture and a succession of painful operations, the case has been given up as chronic and incurable—where dying patients worn out with anguish, sustained by champagne and dazed with morphia, were seemingly near the end. But thanks—the writer may be pardoned for saying—to a more studied and a keener insight, a more comprehensive

Appreciation
of past
patients.

Prolonged
suffering
false
diagnosis,
and
mistaken
treatment.

Intensity of
gratefulness
on recovery
at the
writer's
hands.

experience, a minuter and more intimate knowledge, and original and more advanced methods, they have been cured. Hence, the intensity of gratefulness:—"Heart full of gratitude, shall ever feel grateful to you" (Case No. 32); "Accept my heartfelt thanks" (No. 79); "Ever grateful to you for the marvellous cure wrought in my case" (35); "So desirous of inducing any other poor sufferer to come to you" (66); "cannot find words to express my gratitude" (69); "Thank God, I saw your advertisement" (71); "Wish I had known of the Spray treatment years before" (16); "Hope you will be spared many years to be a benefactor to suffering humanity" (17); "One of the many whom you have restored to life" (80); "I should have been dead now but for you" (48*). Such pathetic expressions being interspersed with more fervid ejaculations, "Wonderful cure!" "Miraculous recovery!"—not a few declaring their readiness not only to communicate particulars to any one requiring it, but eager to "tell every one I meet of your wonderful success in my case," varied occasionally with presentations of modest testimonials and keepsakes, subscriptions to the Home Hospital—in one case a munificent donation of £2,000 (page 62). All honour to a kindly celebration of cures which not unseldom the recovered sufferers had been solemnly warned by experts and specialists they were not to expect:—"No man on earth can cure the disease you are suffering from"; "The reduction of an enlarged prostate is simply impossible"; "You must bear it to the end as others have done"; "Death alone can put an end to your pain." And yet under the writer's treatment they have been cured, not temporarily relieved nor partially restored merely, but made whole and sound, living with comfort and satisfaction often to an advanced age; and those who have passed away dying of bronchitis or other ailment incidental to old age and foreign to the former disease.

Discourage-
ments by
experts and
specialists.

The writer's
cures
complete.

Quotations of this kind might be voluminously made, but such passages are so frequently recurrent in past

pages that it is enough simply to call attention to the fact. How cheerful and full of earnestness these letters are! How joyful and brimming with praise to the Giver of Good! The blessing of simple health, with a measure of strength and capacity, ease and regularity of function, satisfaction in mind and repose of body, is only realised to the full by those who have been long deprived of it, whose days have been given to the counting of weary moments of pain, in dread of the paroxysm which is known to be impending, who wish for the coming of night only to long for the dawning of day, and, despairing, perhaps, of recovery, yearn for oblivion and pray for death. The reaction from hopeless disease to the full tide of healthy life breaks forth in what, reduced to metre, would be psalms of praise.

Reaction
from hope-
less disease.

It has been remarked to the writer, "How much of your book reminds me of the fairy tales of childhood, only, unlike them, they are too actual and too real. There is the revelling and the gay, or it may be the innocent and weak, or the accidentally unfortunate, struck down with fell disease and given up to desolation; the long struggle with anguish aggravated with time; the grave pronouncement of the eminent ones, whose adverse decision is accepted as a death warrant; the despair of this world and the preparation for eternity; until, by way of *dénoûment*, on the accident of seeing an advertisement of some edition of your book, or meeting some past patient now restored, the sufferer is brought, perhaps, to 'try the local treatment'; and the writer, appearing as the good genius, a month or six weeks probably serves to bring the derelict back to health of body, peace of mind, and the easy enjoyment of life."

A fanciful
comparison.

Such is the suggestion of a passing fancy. Whatever there may be to strike and to startle in many of the cures arises, however, from no careful compilation of the writer's. It is mostly set forth in the artless, unvarnished terms of the recovered sufferers themselves, whose own account of their cases the writer always

Patient's
hyperbole.

Marvel
easily
explained.

The writer's
resources
ignored
by the
Profession.

Professional
anger.

prefers. The pardonable hyperbole of a resemblance to magic—a six weeks' recovery after years of hopeless, cruel, and crushing torture, vainly treated by experts and eminent specialists—is easily explained. “Marvellous!” “Miraculous!” Nay: simple, natural, credible, and plain. Other practitioners have failed, putting off the acknowledgment as long as possible, and trusting to chance development, because they have not understood the case and were without the aptitude, the experience, and the advanced methods at the writer's command; and because, as the writer has remarked (p. 273, Case 67), bladder pathology is but little known by the medical profession, and hence bladder diseases in both sexes remain long in their hands, not only unalleviated and uncured, but often aggravated by misdirected treatment. Hence, too, after coming to the writer in the last resort, and being speedily relieved and restored, there is mingled with the patients' gratitude and thankfulness in the severer cases a feeling of wonderment at a dreadful suffering past that has gone like an ugly dream, and astonishment that in other hands they should have suffered so despairingly and so long. “The other doctors do not understand such cases,” they rightly enough conclude. And, in reference to the special resources and obvious capabilities of the writer, which the Profession in great part persistently gainsay or ignore—one patient not long since was told by a failing practitioner, “There is no specialist adapted to your case”; yet a week afterwards, when the same patient came to him, the writer removed a stone from his bladder—“Why,” patients are wont to ask, “are medical men so incredulous?” The question is much too unworldly and ingenuous. In face of ample evidence, belief is very much in one's own power. Men too often disbelieve what they do not want to believe, what it would be inconvenient to accept.

Not only do many of the Faculty disbelieve, but, what is inconsistent with genuine incredulity, they are often very angry and apparently feel badly hurt. One of the

writer's restored patients—restored after prolonged and futile treatment by local celebrities—writing confidentially when taken with the recently prevailing influenza, declared, "So strong is the feeling of the local doctors against me on your account, that I am afraid to take their medicine." The reader will smile; the writer is disposed to do the same. He is of course certain the fear is quite groundless; but the sentiment that gave rise to it is nevertheless significant.

Another instance of professional anger is rather beyond apology. A patient from whom the writer had removed two oxalate of lime stones (Case No. 11), after the existence of stone had been derided by others, who had mistreated the case for years, accidentally meeting one of his old doctors, told him he had been cured by the writer. The unsuccessful practitioner, enraged at the announcement, exclaimed, "I would rather you were under the turf than that a Homœopath should have cured you!"—a revelation of professional sentiment which not unnaturally served to sever the patient's friendship for his former adviser. It was bad enough to have been for years under mistaken treatment. To have his recovery under another denounced with an outburst of passionate resentment, was too much.

An
unsuccessful
practitioner.

Gladness and fervour, again, in recovered patients' letters is replaced sometimes by a deep tranquillity and earnest satisfaction, though not unmingled with warmth of sentiment and high personal regard. The writer selects one from a lady of rank, the Hon. L. D. E. (Case No. 25), wrongly treated for thirty years by eminent specialists and experts, both at home and abroad, for paralysis of the bladder, but restored at the writer's hands by the discovery and removal of a stone filling the whole cavity of the viscus. Perfect restoration to health was not then possible; but a life of misery created by an incessant dribbling urination, with frequent paroxysms of intense severity, was exchanged for repose and comfort such as the patient had never hoped to experience. It was at the writer's own house, it may be noted, that

Earnest
satisfaction
on rescue
from a life of
misery.

the patient was nursed in furtherance of cure, and there the preparatory treatment was carried out, and the operation, somewhat hazardous, successfully performed by Dr. GORDON G. JONES, the Surgeon to the Home Hospital (the writer's son). She casually writes, after recovery and removal to her own residence :—

“DEAR DR. JONES,—I quite forgot to ask you for the paper you promised to give me with directions about my diet. I am really writing, though, to tell you how *very* much better I am since I have been sitting up. To-day I have been perfectly dry all day, and the water remained for nearly three hours That is a great improvement, is it not? It is *such* a relief to be able to sit for a length of time without any discomfort. I shall never forget the *great* kindness I received from you and Mrs. JONES whilst staying in your house. Please give her my love. Thanking you very much for all you have done for me—Believe me,

“Yours sincerely,

“L. D. E.”

Leaving the sympathetic reader to trace the undercurrent of pathos that runs throughout this short and simple letter of one just recovered from thirty years of suffering, let us pass to others more robust, of another recovered patient, restored long enough to make his past grief a matter of history. Capt. A. C. C. (Case No. 18) had for years suffered most acutely and been severely tried under mistaken practitioners of note and celebrity, both in India and in England, as well as in Germany, all of them passing by the stone, the main cause of the mischief, until the writer found and removed first one and then another, cured the “incurable” enlargement of the prostate, and bade God speed to the recovered and rejoicing patient on his return voyage to the scene of his duties in India. Captain A. C. C., as will be seen on reference to his case, himself describes his sufferings very vividly, and narrates his disappointments and the aggravations of his condition experienced under other practitioners, among them an eminent

The personal regard of a recovered patient.

Cured by the writer after the ablest practitioners in India, England and Germany had failed.

specialist in London, Sir —, till, fortunately, he lighted on the fifth edition of the present work, and, consulting the writer, was speedily restored to the vigorous health and perfect ease which he has enjoyed ever since. As will be seen from what he writes, he entertains a cordial friendship for the writer, along with a gratefulness which time has rather strengthened than effaced. He writes, some two years after recovery, discoursing pleasantly, beyond his own well-established health, of family and personal matters, as friendly correspondents are wont :—

“ 10, Meadow Street, Bombay,

“ 18th January, 1888.

“ MY DEAR DR. JONES,—Many thanks for your kind note of the 14th ult., enclosing letter from Mr. J. BARRETT.* Patient's congratulations. I need not tell you how pleased I am to hear that you have again succeeded in one of those difficult cases in which most medical men assert there is no cure. Fortunately, you are daily proving to many suffering patients the contrary. Of course, it cannot but be expected that anyone so successful as yourself must make many enemies. You may remember in my own case how bitter my own son-in-law was against you, and opposed you all in his power. He tried his best to prejudice my wife and myself against you, saying all sorts of unkind things ; but when I told him I was determined to submit myself to your treatment, he gave in, and was himself a witness to your skill in your operations on me. My son-in-law now is one of your greatest admirers, and always speaks of you with great respect.

“ As regards myself, dear sir, you know how grateful I feel and shall always feel towards you, and was very sorry that I had so little time to see you when in London ; but I hope on my next visit I shall be more fortunate and see more of you.

* Case No. 17.

"I think I told you that I had to leave my daughter at Arcachon, near Bordeaux, on account of her throat. Sir MOREL MACKENZIE advised it after the operation. I am pleased to say she writes she is better.

"My son is coaching in London for Cooper's Hill. He intends going up for the June examination. I trust he may be successful.

"I am afraid that business will prevent my coming home this year; but if I do, my first visit will be to your good self and son.

"With kindest regards to Mrs. and Misses Jones, giving them every good wish for a happy new year, and the same to self and Dr. GORDON,

"Believe me,

"Yours sincerely,

"A. C. CLARK."

The writer had called Captain C——'s attention to Mr. BARRETT's case because in its leading features and personal surroundings it closely resembled his own. There was the same severe and trying suffering, the same enlarged prostate, the same failure of other practitioners to cure him, but further pronouncing him "incurable," the same failure to find the presence of stone, one and all declaring he had "no stone," the same accidental acquaintance with the writer's book, the same prejudiced dissuasions of medical and other friends against "going to Dr. JONES"; there was the same successful and speedy restoration; and, in the event, according to common experience, the same freedom afterwards from all return of the symptoms. The professional jealousy of success on the part of rivals, and the prejudiced blindness of medical men against new and better methods and more highly developed skill, is phenomenal and almost incomprehensible, but that its existence is so painfully obvious and obtrusive, and only overcome oftentimes by the personal determination of patients themselves.

The reader will hardly credit an incident which, however, actually befel in the case just mentioned, betraying

Prejudiced
blindness of
medical men.

as it does a professional animus overpowering medical sympathy and interest, and the ties of kindred together. The patient had been strongly dissuaded by his nephew, a surgeon in large practice in the neighbourhood of Torrington Square, against going to the writer for consultation or treatment, in face of the fact that he had been candidly warned by his other doctors that he was not to expect relief at their hands. Prejudice to this degree may be intelligible, however unwarranted by the writer's established capacity, on the faith that he would fail like the rest. But, when the writer had cured the enlarged prostate, which they held was incurable, and discovered the stone which they declared was not there, the nephew resolutely refused to be present with his uncle at the removal of the stone, on the ground that the writer was a Homœopath !

Their overwhelming animus.

Captain C—— writes further in a letter of recent date, and with much friendly regard sympathises in a domestic bereavement in the writer's own family. His son, Dr. GORDON G. JONES, not long married, sustained the loss of his wife, an amiable and excellent lady, whom he mourned with much poignancy of grief, and was so much depressed as to be in need of travel and change of scene for the recovery of calmness of thought. Captain C—— refers also, with satisfaction, as other correspondents commonly do, to his entire freedom from any return of his old complaint :—

Domestic bereavement in the writer's family.

“ White House,

“ 13, Colaba Causeway,

“ Bombay,

“ 4th April, 1891.

“ DEAR DR. JONES,—I need not tell you how pleased I was to receive your letter, and with it your present of your last book, and which I accept with very great pleasure.

“ I was so sorry to hear of your son GORDON's sad loss and well understand his wish to travel to drive away thought. I will be on the look out for him should he visit this side of India. I see by the papers the vessel

Dr. Gordon Jones's sad loss.

should be bound for Bombay, and if coming is quite due. I shall be delighted to see Dr. GORDON, and will do my best to make his visit enjoyable.

Restored
patient —
further
account of
himself.

“You will be pleased to hear that I have had no trouble with my old complaint; but am living, if not strictly after your advice, as near so as I can. I have two meals a day only, and very little in the way of drink. As a rule, I take hock or other white wine. My bladder has never once troubled me, and I can go the whole night without any desire to pass water; and this for a man of my age is rather unusual. I only wish, for the sake of suffering humanity, that your fame was more widely spread, and the relief you have given to so many, better known to those who are suffering from diseased bladder. You know what entire confidence I have in your skill.

A wish on
behalf of
sufferers
from the
bladder.

“I have the whole of my family with me, so have no great wish to leave them, although it was my intention to go to London in June or July; but I find I shall probably not be able to leave this year. If I do, I will do myself the pleasure of calling on you.

“I see by the papers that you have had a very severe winter, such as has not been known for many years. I am afraid I am too much of an Indian to venture on a winter in England.

Hopes for
the writer's
son and self.

“I have read the book you sent me with much interest and notice the many difficult although successful cases treated by your son and self. I only trust, my dear friend, that your life may be spared for many years to benefit your fellow men.

“Give my kindly greetings to your lady and daughters, and say what pleasure it will afford me to see them again.

“Wishing you, dear doctor, all health and prosperity.

“Believe me,

“Yours very sincerely.

“A. C. CLARK.”

"P.S.—I have just heard that the s.s. "Daylight" is discharging at Aden; but she may load home from Bombay."

The wish that the writer's fame "were more widely spread," and that "the relief he has given to so many were better known to those who are suffering from diseased bladder," is honourable to Captain C——, who would lay open to others the good he has himself derived. This is, in effect, the prime motive of the present work. It is in the press that the writer trusts; and in spite of the discouragements of an interested, corporate-conserving, and prejudiced Profession, traditionally opposed to "innovation" of every kind, however beneficent, an appreciation of the writer's advanced methods is in truth spreading from year to year and from day to day, and not in England only, but over the English-speaking world.

The writer's trust is in the press.

His advanced methods are spreading.

CAPTAIN CLARK'S hope that the "Daylight" would touch at Bombay was unfortunately disappointed. Dr. GORDON JONES, much as he would have rejoiced at the opportunity, was denied an otherwise pleasant privilege. He writes further, under date August 28th, 1891:

Further letter from Capt. Clark.

"DEAR DR. JONES.—Many thanks for your letter. I was sorry and a little disappointed that your son did not touch at our port, so that I could have returned in some measure your kindness to me. No doubt he enjoyed his Indian trip, although Burmah is not exactly a climate I should select for a change.

"I am pleased to hear that you intend bringing out another edition of your book, and I need not tell you that you can make what use you please of my name in reference to the great and wonderful cure your skill effected, but would ask you not to mention the names of the doctors that so unsuccessfully treated me. Their letters show that they had no idea that I had stone in the bladder, and we are all, as you know, liable to be mistaken. It was my good fortune, after all my suffering, to fall under your skilful hands.

"All my family are with me, except my two married daughters, and for that reason I have not taken my usual holiday to Europe, but hope, God willing, that next year I shall be able to do so.

"You will be pleased to hear that I continue in the best of health, not in any way troubled with my old complaint. I think we may therefore conclude that the cure is effectual.

"I am sorry to hear that your family have been so poorly, but trust your trip restored you all to health.

"We shall soon have our Indian cool season. The rains have nearly finished. We have had seventy-five inches since the 27th June; but you will have heard of our Indian rainfall. However unpleasant, I think I prefer our climate to that of London.

"Give my kindest regards to Mrs. JONES, your two daughters, and DR. GORDON; and with every good wish for yourself,

"Believe me,

"Yours very sincerely,

"A. C. CLARK."

Mindfulness.

It may be noted as to the "great and wonderful cure" in Captain CLARK's case, that, with the lapse of five years since it was effected, he does not forget it. The tendency of human nature, absorbed in the pursuits of society or of business, is to ignore present blessings and make light of past benefits. In Captain CLARK's mind, the memory of his deliverance is still green and fresh as of yesterday. But this, as it is the object of the present chapter to show, is characteristic of the correspondence of the writer's past patients generally. Natural high-mindedness on the part of many may be credited with much of the unwonted remembrance; but what observers of mankind will recognise as the purification of pain probably accounts for much more. Suffering, when it fails to crush, goes to elevate the mind and ennoble the soul. The unfathomable depth of gratitude manifest in past patients' letters may be accepted as a gauge of the anguish endured from prostate and bladder

Past
suffering.

disease in its severer forms. Action and re-action, it is proverbially said, are equal. Only those who have suffered profoundly would remember deliverance so vividly and so long. The "greatness" and "wonder" by which the writer's cures are so heartily and generally characterised is, however, comparative. Acquired knowledge, special invention, practised skill, and developed aptitude, as opposed to the lack of these qualities for the purpose, solve the wonder to cause and effect.

Captain CLARK's health is so excellent, and all traces of his former suffering have so entirely disappeared, showing after the lapse of years no disposition to return, that he disposes of his complete recovery with decision: "We may conclude the cure is effectual." Such, indeed, is the general refrain of the patients recovered by the writer's means after failure heaped on failure at the hands of others. The writer may be pardoned for referring to it with what may look like superfluous emphasis because it is so easy to object, and has indeed been insidiously suggested, when the fact of restoration in so-called "incurable" prostate and bladder cases cannot be shaken, "the cure would certainly be wonderful if permanent; but — ah! — how long will it last? Palliatives are well enough, but they are not remedies," and so on. Hence the writer's habitual waiting and direct verification, in cases where such doubts can be raised, for periods of years after the cure: and every one who has read the previous pages with attention knows the result.

Entirely
disappeared.



THE WRITER'S REPUTATION "ON A PAR WITH BIGELOW'S."

An incident

TOWARDS the close of last year an incident happened in the writer's practice which of its kind is not uncommon. A patient of some standing in the commercial world, and a prominent trader in a fashionable town, being afflicted with distressing bladder symptoms, and having engaged the best local medical aid available, but without favourable result, accordingly applied to the writer as the peculiar specialist in bladder cases to attend in consultation in order to ascertain what hopes there might be and what could be practically done. The baffled physician in charge of the case being an allopath, the writer, following the example of allopathic etiquette which has been severely set him—"The Jews have no dealings with the Samaritans"—thought it fitting, as a homœopath, to refuse to meet him for the purpose. Implored by the patient, however, who was in a critical state, he eventually gave way, and went. So far, there was nothing uncommon, neither was there anything singular in what immediately followed. The allopathic doctor, a man of high professional distinction in the fashionable resort where he was practising, seeing reason for suspecting stone, had sounded for it over and over again without being able to find any; and the writer, as he had often enough done before in similar cases, straightway proceeded to the finding of not one but apparently several stones. This, too, in the local doctor's presence. In the event, the patient having upon the local physician's advice come to London, the writer removed a large stone weighing about four ounces, with three other smaller ones. The incident, up to this point, is not unfamiliar. The attentive reader of the case reports of stone in the present work will have observed that the finding of stone by the writer when local practitioners,

Local doctor
suspecting
stone was
unable to
find any.

The writer
found and
removed
several.

followed by hospital experts and eminent specialists, had not only failed to find it, but assured the patient there was none (see Cases Nos. 13, 16, 17, 18, 19, 20, 21, 22, 23, 25, 28), sometimes attributing his symptoms to something else, and even dismissing him with the authoritative declaration that nothing could be done—is anything but infrequent.

The unusual feature of the incident is to come. The allopathic doctor, an open-minded and cultivated man—cultivated, that is, in the higher and nobler sense of the word—and consequently free from professional prejudice and jealousy, freely expressed a lively appreciation of the writer's peculiar aptitude, and testified without reserve to the merit of a skill which he did not understand. The writer acknowledges—though, as he has often said before, he does not seek the praises of the professional world, but rather considers the patient first—yet, such is the natural gratefulness for appreciation, in whatever quarter, that he was seized with a friendly regard for the approving allopathic doctor, and, after taking leave, sent him by way of compliment, a copy of the previous edition of the present work. The doctor much gratified, wrote in return a letter of acknowledgment, with a personal encomium and a plea which the reader will perhaps peruse with a degree of interest. That the doctor's friendly attitude to a homœopath may not compromise him in the eyes of his orthodox compeers, his name and place of residence are omitted, but the letter contains nothing that needs documentary verification. The "secret" referred to in the opening lines is, of course, the means of reducing enlarged prostate, which, among the whole world of medical practitioners, the writer alone possesses.

Local doctor's appreciation of the writer's aptitude.

The writer's acknowledgment.

"The Secret."

The doctor writes :—

"DEAR DR. JONES,—I am much indebted for the book, which is really very striking, particularly the cases named. With regard to the secret, I can hardly answer. Of course, we would all wish to know; but you doubtless think that in everyone's hands (some necessarily less

Local doctor's congratulatory letter.

competent than others) the success would be far different from that in your own. But I am convinced that you leave no effort untried in your patients' interest, and you certainly possess an extraordinary faculty for finding stones undiscoverable by the method of sounding taught in the medical schools. For all this, I hope you will some day see your way to more minutely describing your treatment. Such action would probably put your professional reputation (which is quite distinct from even great success in practice) on a par with BIGELOW's.

The writer
offered
reputation
"on a par
with
Bigelow."

"I remain, with best wishes,

"Yours faithfully,

" _____ "

Explanation

Professor BIGELOW here referred to, as most readers will recognise, is the originator of a striking advance on the practice of lithotrity (the accepted crushing operation for stone) by which the *débris*, that are apt to make no inconsiderable mischief in the urinary bladder and urethral canal, are rendered harmless by immediate evacuation. Of this great advance in operative practice the writer has already expressed his high appreciation in the chapter on "Stone, its Treatment and Cure" (page 38); and the reader who peruses that chapter will see that the writer has not only accepted the method in his own practice, but has made what the reader will acknowledge to be improvements on the instrument which BIGELOW devised. Details of this, with an account of the writer's own lithotrite, may be gathered from the same chapter. In the writer's estimation, as will be seen, BIGELOW stands very high as a discoverer in the practice of operative surgery as affecting the removal of stone in the bladder. But in the medical world substantial merit and professional repute do not always coincide. The recognition of professional worth lies rather with the public than with the Profession. The public, free from prejudice, recognise merit without hesitation as soon as it is brought unmistakably within their apprehension. The medical profession, clinging to tradition rather than yearning for new

truth, do not. The high appreciation entertained by the writer of BIGELOW's great merits is hardly shared by the Faculty. A few, like Mr. THOMAS SMITH (page 44) and Mr. CADGE (page 48), acknowledge without reserve the great advance made by BIGELOW over the practice of Lithotrity; but to the majority the method of "Litholapaxy" is an innovation not easily to be allowed to make way. The candid and friendly doctor, therefore, in anticipating for the present writer a reputation "on a par with BIGELOW's," is from a professional point of view offering him a doubtful reward. For years of patient toil and assiduous investigation which to the seeker after advanced methods often end fruitlessly—for while of a success something will surely be heard, who is there to take account of the investigator's tenfold disappointments and failures?—the mere recognition of the Profession, even if it were ungrudging and hearty, would not be a great deal. The fate of the discoverer in professional circles is rather to be a subject of attack and an object of obloquy.* So much the writer has said before. In lieu of welcoming new discoveries for the assuagement of human suffering, the Profession appear as hard and prejudiced, even vindictive judges, with the discoverer, as if in the dock, adjudged to be guilty without opportunity for hearing. And if perchance, after years of hesitation, they at length grudgingly approve what they can no longer stifle or ignore, what then? They condescendingly use with or without acknowledgment—perhaps by misuse to bring it into odium—the unrequited result of another's energy and endurance. That is all. The fate of HAHNEMANN, as a notable example, is constantly to be ignored. Volumes are written on therapeutics, and the physiological action of drugs on the lines indicated by homœopathy, and remedies are prescribed the world over culled from homœopathic literature, without so much as mention of HAHNEMANN or acknowledgment of homœopathic source. As with

A doubtful
reward.

Fate of
medical
discoverers
at the hands
of the
Faculty.

* See remarks as to Professor CLAY, pages xi.-xii.

others, so probably it will be with BIGELOW, or rather with his memory ; for some months before the appearance of this work, the writer with profound regret, notices the record of his death. Living, he was the target for any tyro's carping, or worse, the more nicely balanced "faint praise" by which "eminent authorities" insidiously condemn. General congratulation, destined to come hereafter, he can no longer hear; and his barren honour, when envy is exhausted, will at best be coldly estimated in the text-books of a future generation.

The writer
prefers
"success in
practice."

The writer, therefore, appreciating as he does the distinction anticipated by his much-esteemed allopathic friend, is not emulous to be "on a par with BIGELOW," and rather prefers that "success in practice" which the doctor rightly distinguishes from "professional reputation," doubtful as it is of attainment, and worth so very little if acquired. The writer's world—his sphere of ambition and renown—will for him remain where it has been wont, the world of the suffering and the afflicted, and his praise that of recovered patients who, but for him would confessedly have too often perished under the well-intended but misdirected treatment of men highly reputed, often perhaps deservedly eminent, and sufficiently endowed with confidence in their own powers, but comparatively deficient in aptitude and in discernment, and indeed in means.

And the
appreciation
of recovered
patients.



APPENDIX.

NAMES AND ADDRESSES OF PATIENTS.

APPENDIX.

*Names and Addresses of Patients whose Cases are described in this Edition.**

No. OF CASE.	PAGE.	INITIALS.	FULL NAME.	ADDRESSES.
1	70	E. B.	Mr. E. Bentall.	Northamptonshire. 44, Manchester Street, Southampton. (Messrs. Garnett & Sons), Leeds. 5, Manor Street, King's Road, Chelsea. Fareham, Hants. Care of Mr. Tyson P. Doyle, 17, Blencowe Street, Carlisle. 122, Fairbridge Road, Holloway.
2	75	I. C. W. I.	Mr. I. C. W. Ibbs.	
3	76	G. H.	Mr. George Hussey.	
4	77	G. G.	Mr. George Garnett.	
5	79	G. F. V.	Mr. George F. Vallins.	
6	80	J. P.	Mr. James Pink.	
7	85	G. S.	Mr. George Sowerby.	
8	90	E. T.		
9	95	F. L.	Mr. Frederick Lawley.	
10	97	J. B.		
11	99	E. O.		36, Sidney Street, York Road, King's Cross. 8, Clyde Terrace, Anlaby Road, Hull. Lloyd's Surveyor, Bombay.
12	101	J. B.		
13	102	E. H.	Mrs. E. Harsant.	
14	106	Mrs. S.		
15	111	Mrs. E. A.		
16	113	D. B.	Mr. David Bowtle.	
17	117	H. J. B.	Mr. Henry J. Barrett.	
18	118	Capt. A. C. C.	Capt. A. C. Clark, R.N.	

19	121	Adml. Sir G. E.	Admiral Sir George Elliot, K.C.B., etc.	6, Castletown Road, West Kensington.
20	124	H. H. U.		
21	129	Rev. J. B.	The Rev. John Breese.	
22	132	W. C. L.	Mr. William C. Lay.	Newbury, Berks.
23	134	Rev. T. H.	The late Rev. T. Heathcote.	
24	135			
25	137	Hon. L. D. E.		
26	139	I. B.	Mr. I. Brittain.	Kentish Town.
27	141	Rev. C. G. S.	The Rev. C. G. Squirrel.	Stretton-under-Fosse, Rugby.
28	142	V. de M.	Mr. Vernon de Montgomery.	14, Buckingham Street, Strand.
28*	145	W. C.	William Clark.	1, Field Court, Christchurch Lane, Cambridge.
29	151	E. S.	Mr. Edwin Stevens.	97, High Street, Hounslow.
30	155	T. L.	Mr. Thomas Ludlow.	16, The Grove, Crouch End, Hornsey.
31	160	W. R.	Mr. William Ryder.	(Solicitor retired), 324, Brixton Road, Surrey.
32	166	R. C.	Mr. Robert Cole.	Stanwell, near Staines.
33	170	Canon C.	The Rev. Canon Cockin.	
34	174	W. F. L.	Mr. William F. Lacey.	
35	178	J. H.	Mr. J. Hutchinson.	26, Winterwell Road, West Melton, Rotherham.
36	180	S. H. T.	Mr. Samuel H. Tonks.	South Yorkshire Asylum, Wadsley, near Sheffield.
37	186	S. M.	Mr. Stephen Mann.	Woodgate End, Epsom.
38	187	C. B. D.	Mr. Clement B. Dixon.	Crosslea House, Henley Road, Ipswich.
39	192	S. P.	Mr. Stephen Parker.	25, Drapper Street, Bermondsey.
40	196	T. D.	Mr. Thomas Day.	Resided March 2, 1882, at 39, Swinton Street, King's Cross Road.
41	199	T. N.	Mr. Thomas Newstead.	Resided Feb. 2, 1883, at 132, Weymouth Ter., Hackney Road.

In all instances where the full Name and Address are given, those Patients may (by permission) be personally communicated with by any one desiring information respecting their Cases, and in almost every other instance the writer is authorised to furnish such information as he may think proper.

No OF CASE.	PLACE.	INITIALS.	FULL NAME.	ADDRESSES.
42	200	C. W.	Mr. Charles Wilson.	Garstang, Lancashire.
43	203	J. M.	Mr. John Moore.	23, Egerton Street, Chester.
44	208	J. B.	Mr. Joseph Bell.	(Reference to case) The Rev. J. Brennan, Grays, Essex.
45	212	J. J. C.	Mr. J. J. Collins.	
46	213	T. S.	Mr. Thomas Stevens.	Trent College, near Nottingham.
47	215	W. M. R.	Mr. W. M. Rumbelow (Solicitor).	Fakenham, Norfolk.
48	217	E. H.	Mr. Edward Hodges.	31, Devonshire Street, Portland Place.
49	219	W. H.	Mr. Wm. Holmes.	44, Panton Street, Cambridge.
50	220	W. R.	Mr Wm. Reynolds. London reference (his son), Mr. J. Reynolds.	Barrington, Cambridgeshire.
51	224	H. D.	Mr. Henry Daykin.	2, Haverstock Hill, London.
52	226	W. C. R.	(Reference to case).—	23, Albert Street Barnsbury.
53	228	W. R.	Mr. Walter Robson.	The Rev. J. Richardson, Stretton-on-Dunsmore, Rugby.
54	229	M. H.	Mrs. M. Hughes.	16, Stanbo Lane, Boston, Lincoln.
55	233	M. J.	Minnie Jacobi. (Reference to case).	3, Northall Street, Lingham Street, Clapham Road.
56	234	E. M.	Miss Harriet Hudson.	
57	235	H. H.	Mrs. S. Bown.	386, Albany Road, Camberwell.
58	241	S. B.	The late Miss H. E. Abbott	
59	244	H. E. A.	(Reference to case).— (Reference to case).— Madame Reymond.	Miss Marion Hutton, 20, Adam Street, Manchester Square. The Matron, Home Hospital, 10, Dean Street, Soho. Vers de Lac Sentier, Val de Young-Vaud, Switzerland.
60	248	L. A.	Mrs. Rosindell.	32, Bedford Row, Holborn.
61	252	Mme. R.		
62	255	E. R.		

63	256	S. M.	Miss S. Munns.	(Reference to case) Fredk. Hughes, Esq., Solicitor, 12, Chapel Street, Bedford Row, London.
64	259	E. M. A.	Mrs. E. M. Allen.	Late of Religious Tract Society, 164, Piccadilly.
65	261	S. C.	Mrs. S. Cookman.	37, Maryland Road, Harrow Road.
66	264	F. T.	Mrs. F. Tookey.	Greenfield, Amphill, Beds.
67	268	M. C.	Mrs. Cairus.	32, Abbeyfield Road, South Bermondsey, S.E.
68	274	Mrs. T.	Mrs. Tolly.	27, Coburn Street, Bow Road
69	276	A. L.		
70	278	Mrs. E. L.	Mrs. Lewis.	19, Cranbury Place, Southampton.
71	281	E. D.	Mrs. Dossiter.	
72	283	S. S.	Mrs. Smith.	
72a	285	Mrs. A. W.		
72b	289	Mrs. A. C.		
72c	295	Mrs. S. J. O.	<i>Mrs. Oliver</i>	<i>240 Lower Road, Motherbury</i>
73	306	Sir F. H.	Gen. Sir Frederick Horn.	Buckby Hall, Rugby.
74	308	J. A.		
75	312	J. R. E.	Mr. J. R. Edwards.	72, Frederick Street, Gray's Inn Road.
76	315	C. S.	Mr. C. Sutcliffe.	Lordship Lane, Forest Hill.
77	316	J. A.	Mr. James Adams.	
78	322	W. G. M.	Mr. W. G. Murlless.	131, Shakespeare Road, Hackney.
79	324	W. P.		
80	328	O. A. R.		
81	329	B. H.	Mr. Beaman.	Bristol.
82	332		Case of a valuable Cob, the property of C. G. Duff, Esq.	New North Road.
83	334	F. L. M.	Mr. F. L. Michaeli.	1, Lennox Gardens, S.W.
84	342	W.	Mr. Walker.	138, Roman Road, North Bow.

In all instances where the full Name and Address are given, those Patents may (by permission) be personally communicated with by any one desiring information respecting their Cases, and in almost every other instance the writer is authorised to furnish such information as he may think proper.

BOOKS BY THE SAME AUTHOR.

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STATEMENT
RESPECTING THE SELF-SUPPORTING
HOME HOSPITAL.

STATEMENT RESPECTING the SELF-SUPPORTING

HOME HOSPITAL

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FOR the reasons appearing in the following statement, Dr. DAVID JONES is desirous of making known the establishment of the above SELF-SUPPORTING HOME HOSPITAL.

That there is urgent need for such a "Home" will scarcely be denied by any person at all conversant with the wants in times of sickness of large masses of society.

There are well-endowed hospitals for the very poor. Surely there ought also to be some institution for the better class of artisans, the small tradesman, shop assistants, milliners, &c., &c., many of whom have no homes suitable for times of sickness, but who would willingly pay a small sum per week for medical or surgical attendance, good food, nursing, &c. More than thirty years' experience in London has convinced Dr. JONES that a "Home" or "self-supporting hospital" such as is here presented will, when known, be highly appreciated by the classes alluded to, and preferred by them to any mere charitable institution.

It is not overlooked that since the statement, similar to the present one, appeared (appended to previous issues of the first edition of this work) the authorities of some of our great metropolitan hospitals have entertained and practically dealt with the subject and provided "pay-wards" for patients. Dr. JONES cannot but rejoice in this practical adoption (though without acknowledgment) of an idea long urged by him on the attention

of the public. He is, notwithstanding, convinced that there is need for the fullest possible extension of the proposed benefit, and, moreover, that the hospital which he has erected will by many be preferred to those larger and, in the main, charitable institutions in which the arrangements can scarcely be expected to be so homelike.

Much suffering may be prevented, much domestic inconvenience avoided, and many useful lives preserved, by careful treatment in a "home" where sick persons may secure for themselves (at charges suited to their means), those indispensable auxiliaries to successful medical and surgical treatment,—undisturbed rest, suitable diet and careful nursing—which can rarely be secured at their own homes; where, too frequently, the rooms are badly ventilated and over-crowded, and where the noise of children is intensely painful to the patient, and generally highly prejudicial to recovery.

There are many cases in which sickness in the first instance, not perhaps serious, is intensified and ultimately rendered fatal by the exertion and exposure which persons are obliged to undergo whilst attending as out-patients at the general hospitals. Whilst going to and fro and tirefully waiting their "turn" in the out-patients' room, these poor people often take fresh cold, and thus cold upon cold results in very many instances in acute bronchitis and consumption, and it is not too much to say that apart from the suffering endured, fatal results ensue in thousands of cases annually, which might, humanly speaking, have been avoided by proper, timely, preventive, and protective care.

Again, there is a very numerous class who altogether object to cast themselves upon the charity of any public hospital or institution; they know that they can afford to pay a small sum in return for the care and treatment their cases require, and they are willing to contribute something to ensure the means of cure.

There is also a large class—domestic servants—to whom such a "home" would be a great boon. The lot of the sick female domestic servant is a peculiarly hard one. In many instances she has no home, no friends or relatives, able or willing to support her during her illness; her sickness, though sufficient to incapacitate her from fulfilling her duties, is not sufficiently severe to entitle her to admission into the wards of a general hospital;—the employers are not perhaps able to retain the sick person in their house, yet would be willing to contribute for the maintenance and cure in any "home" available for the purpose. Male domestic servants are sometimes similarly circumstanced.

Knowledge of these and similar cases, the exigences of which are not fully met even by the partial adoption of the principle by the managers of our large metropolitan hospitals, has led Dr. JONES to carry on to completion and to open the above "home" for the reception and treatment of persons

circumstanced as before mentioned. The cases more particularly treated are diseases of the bladder and prostate, stone, and kindred affections of the urinary system in both sexes. The arrangements in the "home" are made with every regard to the comfort of the patients and tending to accelerate their recovery. A gift of nearly £2000 from the late THOS. HALL, Esq., presented in grateful recognition of professional services rendered him by Dr. JONES, has greatly facilitated the erection of the hospital, and has enabled him to endow two FREE beds for MEN in perpetuity; these have been very helpful, but as might be supposed, the number is very inadequate to meet the increasing demand for free admission.

Dr. DAVID JONES has several times volunteered his professional services for life if any charitably disposed persons would take the freehold premises off his hands and suitably endow them. He is, moreover, authorised by his son GORDON GRIFFITHS JONES to say that he in like manner heartily co-operates in the much needed object.

Meanwhile, efforts are being made to raise £2000 to establish two FREE beds for WOMEN; many have promised help, while others have already contributed as will be seen below.

ANONYMOUS; requesting acknowledgment in the <i>Morning Post</i>						£	s.	d.
of December 28th, 1883						50	0	0
A. U.; who desires her name to be withheld for the present						50	0	0
MISS MUNNS (the late)	..	..	..	..	..	6	0	0
MISS EMILY MUNNS (the late)	..	..	..	..	..	3	0	0
T. W. BRAITHWAITE, Esq. (the late)	..	..	..	..	..	10	0	0
Do. (second donation)	..	..	..	..	..	10	0	0
J. H. ALSTON, Esq.	..	..	..	..	..	2	0	0
DAVID PRICE, Esq.	..	..	..	..	..	9	9	0
H. CUSTANCE, Esq.	..	..	..	..	..	5	0	0
MRS. MORTON	..	..	..	..	..	5	0	0
WM. RYDER, Esq. (Annual)	..	..	..	..	..	1	1	0
CLEMENT BAGSHAW DIXON, Esq.	10	10	0
MRS. BURNABY	1	1	0
THOMAS HARRY, Esq.	5	5	0
Do. (second donation)	5	5	0
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